

EL RANCHO LOMA SERENA HOA COMPLAINT FORM

COMPLAINT NO: _____ DATE FILED: _____

1. VIOLATION OBSERVED DATE _____ TIME: _____ AM or PM

LOCATION _____

DESCRIPTION OF VIOLATION (Be as specific as possible) _____

2. VIOLATOR NAME: _____

ADDRESS: _____

PHONE, if known: _____

ACTION BY BOARD of DIRECTORS

DATE: _____ ACTION TAKEN: _____

SIGNATURE(S): _____

*****THE FOLLOWING INFORMATION IS CONFIDENTIAL UNTIL A HEARING IS HELD*****

If a hearing is held you may be required to attend

COMPLAINTANT FORM

PERSON MAKING COMPLAINT: _____

MAILING ADDRESS: _____ PHONE: _____

STREET ADDRESS: _____

WITNESSES:

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE: _____ PHONE: _____

SIGNATURE OF PERSON FILING COMPLAINT: _____