



Homeowners Association Complaint Form	Date:	Time:
Name of Complainant:		
Contact Information:		
Phone:		
Email:		
Erf Number:		
<input type="checkbox"/> Noise Disturbance	<input type="checkbox"/> Security Concerns	<input type="checkbox"/> Maintenance Issues
<input type="checkbox"/> Neighbour Dispute	<input type="checkbox"/> Common Area Concerns	<input type="checkbox"/> Other (Please specify):
Details of the Complaint:	(Please provide a detailed description of the issue)	
<hr/> <hr/> <hr/> <hr/> <hr/>		
Desired Outcome:	(Please indicate what you hope will happen because of this complaint)	
<hr/> <hr/>		
Have you reported this issue before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when and to whom?		
Signature of Complainant:		

Office Use Only	Date Received:	Received By:
Action Taken:		
Date Resolved:		
Notes:		