

**PARK VILLAS NORTH CONDOMINIUM ASSOCIATION, INC.**  
**COMPLAINT FORM**

THE INFORMATION YOU PROVIDE ON THIS FORM WILL BE HELD IN STRICT CONFIDENCE.

Please provide as much information as you can about the circumstances and the nature of the complaint, you may attach additional pages to this form as needed.

Your Name: \_\_\_\_\_ Unit # \_\_\_\_\_ Date: \_\_\_\_\_

Phone No. where you can be reached: \_\_\_\_\_ Best time to call: \_\_\_\_\_

**This complaint is against the residents in Building # \_\_\_\_\_ Unit # \_\_\_\_\_**

What is your complaint about (check one or more of the following that apply)?

- Residents     Children     Animals     Guests     Vehicles  
 Landscaping     Common Areas     Amenities     Safety     Security     Other

Have you submitted a complaint about the same thing(s) before?     Yes     No

Did you receive a written response?     Yes     No    When: \_\_\_\_\_

Describe your complaint: \_\_\_\_\_

\_\_\_\_\_

Describe any suggestions or solutions that you think may be appropriate. \_\_\_\_\_

\_\_\_\_\_

Have you spoken to this person about this problem before? When? What did they say? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Signature is required.

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**MANAGEMENT RESPONSE**

To: \_\_\_\_\_ Unit # \_\_\_\_\_ Date: \_\_\_\_\_

The above complaint was/was not acted upon as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_