

Date_____

CARRIAGE HOUSE COOPERATIVE

COMPLAINT FORM

Complaint From_____

Address_____

Date Incident Occurred_____ Time_____

Complaint Against_____

Address_____ Unit #_____

Type of Complaint (*Please check and describe below*)

PARKING

TRASH

PETS

OTHER

Nature of
Complaint_____

I have discussed this matter with the person or family about whom I am complaining.

YES

NO

.....
Referred to the Board of Directors _____ Date_____

Disposition

(It is understood that the above information is to be held in the strictest confidence.)