Lake Country Crossing

Homeowner Complaint Form

Date:	-	
Name of Complainant:		
Address of Complainant:		
Telephone Number/s:		
Email Address:		
*Please fill up all details. Your n	ame will not be disclosed.	
Nature of Complain	t:	
□ Violation	□ Altercation	□ Others: (Please specify)
□ Bad Behavior	□ Encroachment	(i reduce opeciny)
Please provide a sur pertinent details.	nmary of the alleged viola	ition/complaint. Include all

,			
Homeowner/s Involved in Comp	olaint:		
Name:			_
Address:			_
	_		
Complainant Signature			
Received By:			

TO BE FILLED UP BY THE BOARD ONLY

Board Member Handlin	ng Complaint:	
Additional Board Mem	bers Involved:	
Action/s Taken:		
Resolution:		
Date Resolved:		
	Board Member Name & Signature	_
	Board Member Name & Signature	_