



SUGAR SPRINGS PROPERTY OWNERS ASSOCIATION COMPLAINT FORM

DATE: _____

COMPLAINT INFORMATION

NAME: _____

TELEPHONE # _____

PROPERTY LOCATION: _____

DESCRIPTION OF INCIDENT:

POLICE REPORT: YES or NO

ACTION TAKEN: _____

REMARKS:

REPORT COMPLETED BY:
NAME: _____

SIGNATURE: _____ DATE: _____

<u>For Office use only:</u> <input type="checkbox"/> Filed in Member Folder <input type="checkbox"/> Copy to GM <input type="checkbox"/> Filed in Complaint Folder

Received By: _____ **Date:** _____