MEMBER COMPLAINT FORM

DATE: _____

FROM: _____ _____

Name	Name
Address	Address
Phone	Phone
Signature	Signature

Name(s), address(es), telephone number(s), and signature(s) of any additional complainant(s) should be entered on the back of this form.

AGAINST: Names (be specific): _____
_____
_____

Address: _____
_____

DESCRIPTION OF COMPLAINT (be specific): Date of Incident: _____
Time of Incident: _____

_____

_____

_____

_____

_____

_____

_____

_____

NOTE: Complaints will be honored if it is signed by two or more Members not of the same family. This form is for our records alone; we do not divulge this information to anyone, nor do we reveal the name(s) of the complainant(s). Complaints will be handled as quickly as possible in accord with the procedures outlined in the "House, Grounds and Member Relations Manual". Complaints should be submitted to this Office within 96 hours of the incident. **The initial Complaint will be kept confidential for the Members. Should further Complaints arise and require mediation, the Members will have to identify themselves.**