

COMMUNITY: ARBOR TRAIL HOMEOWNERS ASSOCIATION

**RULES VIOLATION/COMPLAINT FORM**

1) Person(s) registering complaint: Name: \_\_\_\_\_  
Unit Owned: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: (H) \_\_\_\_\_  
Telephone Number: (W) \_\_\_\_\_

2) Person(s) or Unit against whom complaint is registered:  
Name: \_\_\_\_\_  
Unit Address: \_\_\_\_\_

3) Detail: Times of Occurrence: \_\_\_\_\_  
Date(s) of Occurrence: \_\_\_\_\_  
Location(s) of Occurrence: \_\_\_\_\_  
Other Witnesses to Occurrence: \_\_\_\_\_  
Rule(s) being violated: \_\_\_\_\_

4) Nature of complaint: (What was done?) Continue explanation on back of form if necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby attest that the information on this complaint form is true to the best of my knowledge and request that the Board take action to cause this violation to cease. I am willing to participate with the Board on this action by acting as a witness.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Reporting Violation