Homeowners Association of Shaker Woods

GRIEVANCE/COMPLAINT FORM

Name of Person Submitting complaint: _____
Address: _____ Phone: _____
Do you wish to remain anonymous in your complaint? _____

State complaint/grievance below (Please be specific, include dates, times, names, photos if applicable, etc.)

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Date Received: _____Received By: _____
Action Recommended:

_____
_____
_____

Date Action Taken: _____ Follow-up Call/Visit _____

❑ **Follow-up with Person Making Complaint (listed above)**