

COMPLAINT FORM

MUIRFIELD ASSOCIATION, INC.

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NATURE OF CONDUCT COMPLAINT: _____

LOT #: _____ TODAY'S DATE: _____

ADDRESS: _____

NUMBER OF OCCURRENCES: _____

DATE(S) OF VIOLATION: _____

TIME(S) OF VIOLATION: _____

RESIDENT NAME(S) (Offender):

DETAILS OF VIOLATION (Be Specific):

WAS ANY ATTEMPT MADE TO RESOLVE THIS PROBLEM: YES NO

IF "YES", WHAT WERE THE RESULTS?:

NAME (PLEASE PRINT)

SIGNATURE

YOUR LOT #

YOUR ADDRESS

THIS FORM MUST BE SIGNED

RECEIVED BY ASSOCIATION: (Association Office Use Only)
_____ DATE:
_____ MANAGER OR OTHER:
_____ DISPOSITION:

***Copies of complaints and the identity of the complaining party WILL be made available to the alleged violator in the event of an Enforcement Assessment Hearing. If complainer will not fulfill their role and sign, the Board cannot fulfill its role.**