

BYLAW COMPLAINT FORM

WE ENCOURAGE ALL RESIDENTS TO RESPECT EACH OTHER AND FIRST HAVE A CONVERSATION BEFORE SUBMITTING A FORMAL COMPLAINT



Date: _____

Reporting Resident: _____

Resident in Question: _____

Brief Description of Complaint: (attach further details if required)

Further Details Attached? YES / NO (please circle)

Supporting Documentation Available? YES / NO (please circle)

(This section to be completed by management/supervisor)

Employee Receiving Request: _____

Comments (if any): _____

Signature

REPORTING RESIDENT

Signature

EMPLOYEE RECEIVING REQUEST

Signature

C.A.O.