Pine Mountain Property Owners Association

Complaint Form

Complaint Date/Time: _____

Problem Location: _____

Reason for the Complaint: _____

_____

_____

_____

Submitted by (optional): _____

Do you want to be contacted concerning this complaint? Yes / No

If Yes: Phone Number: _____ Email: _____

Note: If you want to be contacted, please place your name in "Submitted by" area.

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POA Area

Date Complaint received by the POA Office: _____

Committee in relationship with the complaint: _____

Point of Contact for the Committee: _____

Date Committee received the complaint: _____

Committee Action: _____

_____

Does the complaint need to be transferred to the Board of Directors? Yes / No

Board Action: _____

_____

Was this complaint resolved? Yes / No If yes, date: _____

Resolution: _____

Was the owner or resident filing the complaint contacted about the results? Yes / No