



Complaint Form

Your Name: _____

Your Address: _____

Your Phone Number: _____

Your E-mail address: _____

Information regarding incident(s): (Please include as much information as possible, including any photographs that may help explain)

Name of person committing the alleged violation: _____

Address of person committing the alleged violation: _____

Date(s) of alleged incident(s): _____, _____, _____, _____, _____

Please describe the incident(s) in as much detail as possible (use additional sheet(s) if necessary):

What statutes, covenants, or other rules were violated (please identify specific sections):

Did anyone else witness these incidents: YES NO

If the answer is "Yes," please state the witnesses' names, addresses, and telephone numbers:

Please sign below:

Date:

Completed form should be returned to:

_____ (Your HOA)
c/o The Colorado Property Management Specialists, Inc.
19751 E. Mainstreet Suite 275
Parker, CO 80138 Email: info@the-cpms.com