

BAY SQUARE CONDOMINIUM

COMPLAINT FORM

Your Name: _____ Unit #: _____

Date: _____

Complaint concerns: Resident Guest Building Grounds Noise Pet Other

If this regards a resident, please provide:

Name: _____ Unit #: _____

Details (please include relevant dates and times):

What if any action have you taken, and when:

[Below For Bay Square Board/Management Use Only]

Complaint made by: Owner Renter

Complaint concerns: Resident Guest Building Grounds Noise Pet Other

If a guest, is the unit they were visiting known? Yes No Unit #: _____

Date referred to the Board: _____

Date first letter sent to unit owner/renter: _____

Rules violation: Yes No

Fine Imposed: Yes No If Yes, amount of fine: \$ _____

Hearing Requested: Yes No If Yes, date of hearing: _____

Management Company/Board Comments: