



Avalon of Orange County Condominium Association, Inc.

RESIDENT COMPLAINT FORM

For the protection of all residents, the manager is not permitted to accept or act upon any complaint made by one resident against another, unless it is in writing and signed.

RESIDENT INFO

First Name: _____ Last Name: _____

Unit Address: _____

COMPLAINT INFO

Name of resident complaint is being made against: _____

Unit Address: _____

Date of disturbance: _____

Time disturbance began: _____

Time disturbance ended: _____

Location disturbance occurred: _____

Describe the nature of the disturbance **IN DETAIL**:

I certify that the foregoing statement is accurate and true to the best of my knowledge. If the owner institutes legal proceedings about who I am complaining, I agree to be called as a witness at such proceedings.

Signature: _____ Date: _____