

ASSOCIATION COVENANT VIOLATION COMPLAINT FORM

Return by mail or fax to: HOA Community Mgt.
400 Regent Park Ct. Suite 100
Greenville, SC 29607
Fax: 864 277-3308

CONTACT INFORMATION FOR ASSOCIATION MEMBER FILING COMPLAINT:

**Complaint maybe filed by association members only
Failure to provide contact information will render complaint invalid

Date complaint filed: _____

Association Name: _____

Name: _____

Address: _____

Phone number: _____

Signature: _____

COMPLAINT

As a property owner within the association listed above, I do swear and confirm that on or about _____ (date of violation), I did witness the following event(s) or occurrence(s) which I consider to be a violation of the restrictive covenants:

**Person filing complaint responsible to review restrictive covenants to determine if event / occurrence is prohibited*

Address where violation occurred: _____

Photos or other documentation included with this complaint: YES _____ NO _____

**Complaints including photos or other documentation must be mailed*

PLEASE NOTE: Complaint remains anonymous except in the following conditions:

****Person against which complaint filed requires hearing with the Board to object / deny complaint.***

****Person against which complaint filed pursues legal action against the association***

Please keep a copy of this complaint for your records, as copies of the complaint will not be provided by our office. You will not be contacted in response to this complaint, unless further communication is required for enforcement.