

Bills Island Association Complaint Form

Description of Complaint: (Please be specific about any known information/identifiers about the offending party, i.e. address, lot #, vehicle, name, date and time incident occurred, etc.)

Complainant Name _____

Phone Number / Contact information

Person Notified _____

Date complaint filed _____

Complaint submitted: In Person _____ E-mail _____ Phone _____ other _____

(BELOW THIS LINE TO BE FILLED OUT BY CARETAKER/SECURITY PERSONNEL)

Action Taken

Have there been prior complaints of the same nature for same person/property? YES _____ NO _____

If Yes, note here
