

COMPLAINT FORM FOR BOARD REVIEW

Date:
Submitted by:
(Name and Address of individual making report – optional)
Applicable physical address and specific area of concern that this report addresses:
MOHA Board Response
Issue Investigated by:
(Name and Title of Board Member or Members)
Homeowner is in violation of a Covenant:YesNo Covenant Violated:
Corrective Action needed:
Follow-up:
Signatures of Validating Board Member(s):
(Print Name and Sign)