**Duquette Pines Home Owners Association**

**Complaint Form**

**Please use this form to address concerns you may have needing the attention of the Duquette Pines Home Owners Association.**

**Information about you (the Complainant)**

**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salutation: Mr. \_\_\_\_ Ms. \_\_\_\_ Mrs.\_\_\_\_\_**

**Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Property Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Details about the Complaint:**

**Please tell us about your complaint. Include a chronological history of the events including the date, time, and location on which specific events occurred if appropriate,**

**What remedy are you seeking as a result of your Complaint:**

**Please provide all detail possible to clarify your concern. Once complete, please forward to any Board Member via the community website. Unless an emergency, allow 30 days for response.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signed Signature of Complainant**