

# RESIDENT COMPLAINT FORM

Date Filed: \_\_\_\_\_

Unit Owner being complained about: \_\_\_\_\_

Address: \_\_\_\_\_

Date and Time problem occurred: \_\_\_\_\_

**VIOLATION OF WHAT RULE IN THE DECLARATION OR HANDBOOK:** \_\_\_\_\_

\_\_\_\_\_

Please explain the problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What have you done to resolve this problem? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your recommendation for a solution? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**UNIT OWNER FILING COMPLAINT:** (Must be filled out and signed)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Signature: \_\_\_\_\_

**PLEASE REMIT TO:** Capital Property Solutions  
P.O. Box 630, Worthington, Ohio 43085  
Fax: (614) 443-3798  
Questions? Call (614) 481-4411