

Four Lakes Association

Date Complaint Filed: _____

COMPLAINT FORM

The undersigned FLA member or FLA Board Member has observed a potential violation of the FLA Bylaws, Policies, Rules, Ordinances, Etc. and requests a review of the matter.

TYPE OF VIOLATION: _____

LOCATION OF VIOLATION: _____

EXPLAIN NATURE OF OFFENSE: _____

DATE OFFENSE OBSERVED: _____

COMPLAINANT INFO:

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

Board Use Only Below This Line

Disposition of Offense: _____

Investigator's Name: _____ Date: _____

Is file still open? Yes No

Date file closed: _____

Enforcement: _____

FLA President Signature: _____ Date: _____