



## Wynnfield Lakes Resident Complaint Form

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

COMPLAINT RECEIVED BY: \_\_\_\_\_

NAME OF COMPLAINANT: \_\_\_\_\_

ADDRESS OF COMPLAINANT: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

LOCATION OF COMPLAINT: \_\_\_\_\_

NATURE OF COMPLAINT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\*OFFICIAL USE ONLY\*\*\*\*\*

COMPLAINT ASSIGNED TO: \_\_\_\_\_

RESPOND IN WRITING YES \_\_\_\_\_ NO \_\_\_\_\_

RETURN PHONE CALL YES \_\_\_\_\_ NO \_\_\_\_\_