Homeowner
COMPLAINT FORM

Dakota DUNES COMMUNITY ASSOCIATION

(For Office Use Only)

Date Received:

Received By:

Date :

Phone / E-Mail :

Full Name :

Address

Type of Complaint : ☐ Maintenance ☐ Office ☐ Other

Has your complaint been previously reported to Management? ☐ Yes ☐ No

If yes, to whom?

PLEASE DESCRIBE YOUR COMPLAINT :