



# RESIDENT SUGGESTION/COMPLAINT FORM

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

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PHONE#: \_\_\_\_\_

DESCRIPTION OF SUGGESTION/COMPLAINT (PLEASE ATTACH ADDITIONAL PAGES IF NEEDED): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

## CORRECTIVE ACTION

COMPLAINT FORWARDED TO: \_\_\_\_\_

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

(SECTION BELOW TO BE FILLED OUT BY THE BOARD OF DIRECTORS)

DESCRIPTION OF ACTION TAKEN (PLEASE ATTACH ADDITIONAL PAGES IF NEEDED): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RESIDENT ADVISED:      YES                      NO                      (CIRCLE ONE)

SIGNATURE & TITLE: \_\_\_\_\_

DATE COMPLAINT CLOSED: \_\_\_\_\_