

Complaint Form

Please note that this form must be completed in full prior to any action taken

Name of Association: _____

First and last name of person who observed the Violation:

Address of the property allegedly in violation on the Association's governing Documents:

Date(s) the Violations(s) occurred:

Nature of Violation:

Per Arizona law (A.R.S. 33-1242 and A.R.S. 33-1803) any complaint lodged with the Association will **NOT** remain anonymous. The person complaining of the alleged violation must state their first and last name and this information will be sent to the party who is accused of the violation.

Signature of Observer: _____

Date(s) of Observations: _____

Mail to: L & B Association Consultants, PO Box 7656, Chandler, AZ 86246
Fax to: (480) 987-0252 or (480) 831-0490