COMPLAINT FORM

First and Last name of the person who observed the violation:	
Observer's Address:	
Observer's Contact info: (Phone, Email)	
Address of the property allegedly in violation of the Association Documents:	
Date(s) of the Violation:	
Document and Section# in violation:	
Nature of the Violation:	
Per Arizona law (A.R.S. 33-1803) complaints la anonymous. The person complaining of the allethis information must be sent to the party who is	eged violation must state their first and last name and
	ntrol at (520) 243-5900 or www.PimaAnimalCare.org l NOT act on complaints from a Board Member or the
Too much noise from your neighbor's party? You complaint from a Board Member or the manage	You call the police. The police will NOT respond to a sment company.
Signature of Observer:	Date: