



Walkup at the Park Homeowners Association

Homeowners Complaint Form

This form must be fully completed and signed by the complainant for the Board to process the request.

Today's Date: _____

COMPLAINANT INFORMATION *(Association member filing the complaint)*

Name: _____ Phone: _____

Address: _____ Email: _____

Category of Violation:

☐ Advertising

☐ Landscaping / Home Maintenance

☐ Permanent Structures

☐ Parking

☐ Lot Appearance

☐ Offensive Activities

☐ Garbage

☐ Other

DEFENDANT INFORMATION *(Alleged violator)*

Date and Time of Violation: _____ Name: _____

Address: _____ Phone: _____

VIOLATION: The nature and date of the alleged violation, and a description of the factual basis of the complaint – who, what, where, and when

REGULATION: State the specific Rule and Regulation, Amendments and/or By-Law articles being violated

Is this your first complaint against the defendant? If not, please provide details ☐ Yes ☐ No

Have you attempted to resolve the issue directly with the other owner? ☐ Yes ☐ No
(If yes, please describe any communication or actions taken)



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Have any agreements or compromises been attempted in the past?
(If so, what were the outcomes?)

☐ Yes ☐ No

Is this an ongoing issue? (If yes, how frequently does it occur?)

☐ Yes ☐ No

Do you have any supporting evidence? (Photos, videos, written communication, etc.) Attach any photos, notes or other documentation that would be helpful to us in addressing your complaint

☐ Yes ☐ No

Have you reported this issue to any authorities? (If yes, please provide details.)

☐ Yes ☐ No

Would you be open to mediation or a discussion to resolve the issue?

☐ Yes ☐ No

Has this issue affected other neighbors or properties? (If yes, please explain)

☐ Yes ☐ No

Has the issue resulted in any safety/ health concerns? (If so, please describe)

☐ Yes ☐ No

Has this issue impacted you or your property? (Please explain any damages, disturbances, or concerns.)

☐ Yes ☐ No

What resolution are you seeking? (Describe the outcome you hope to achieve.)



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Do you have any proposed solutions or compromises for resolving this issue? ☐ Yes ☐ No

Is there a deadline by which you hope to see a resolution? (If yes, please specify.) ☐ Yes ☐ No

Are there any witnesses to the issue? (If applicable, provide names and contact information.) ☐ Yes ☐ No

SIGNATURE OF COMPLAINANT

Please mail or email the complaint form to Management / The Board of Directors:

Walkup At The Park Homeowners Association, Inc
c/o Foster Premier Inc.
P.O Box 7676 Carol Stream, IL 60197-7676
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