



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:

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Landscaping / Home Maintenance | <input type="checkbox"/> Permanent Structures |
| <input type="checkbox"/> Parking | <input type="checkbox"/> Lot Appearance | <input type="checkbox"/> Offensive Activities |
| <input type="checkbox"/> Garbage | <input type="checkbox"/> 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 The Board of Directors at walkuphoa@gmail.com