

RESIDENT COMPLAINT
Cedar Springs Mobile Estates

Resident Name: _____ Date Written: _____

Unit #: _____ Address: _____

Telephone #'s: _____

Email: _____

=====

Address of who the complaint is against:

Resident Name (if known): _____

Unit #: _____ Address: _____

Other location information: _____

Nature of the complaint:

_____.

_____.

_____.

_____.

_____.

_____.

_____.

What can be done to resolve complaint:

_____.

_____.

_____.

_____.

_____.

_____.

Resident Signature: _____

OFFICE USE ONLY:

Resident Name: _____

Unit #: _____ Address: _____

Telephone #'s: _____

Email: _____

Actions Taken:

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Violation Issued: _____ Violation Cleared: _____

Scan into RM: _____