

GRAND POINTE MEADOWS SINGLE-FAMILY HOMEOWNERS ASSOCIATION

West Dundee, Illinois

UNIT OWNER COMPLAINT FORM

Name: _____ (Must be a Member of the Assn.)

Date: _____ Unit Address _____

Phone: _____ E-Mail _____

Complaint Information: Describe event(s) in the order they occurred, including time, dates, location, names, witnesses, documents, photos, if any, and a full description of the event or issue that is the basis of your complaint. If needed, you may attach additional pages to your Complaint:

The following documents are attached concerning the incident:

Names and Contact Information for Witness(es) (if applicable):

Do you want a Meet and Confer Hearing with the Board regarding your complaint?

____ **Yes I wish to have a Hearing with the Board:** This is an opportunity for the parties (Unit Owner & Board) to meet in good faith to resolve amicably the Complaint. The proceedings at the Hearing will be confidential. Legal counsel is not permitted except with prior written consent of all parties. Please contact the Property Manager for the date, time, and place of the Hearing. Refer to the Complaint Policy & Procedure for further details.

____ **No I do not wish to have a Hearing with the Board.** I just want a written response from the Board.

Note: This Complaint must be sent via certified mail or delivered to the office of Rage Property Management, Inc., 1450 Plymouth Lane, Elgin, IL 60123. THIS COMPLAINT WAS RECEIVED _____ (Date).

Complainant Signature

Date