



ASSOCIATION MEMBER COMPLAINT FORM

Per the newly revised Indiana Law, any complaint related to a violation reported with the Association will **NOT** remain anonymous. The person reporting the complaint and alleged violation must state his/her first name, the date the violation occurred and the provision of the community documents allegedly violated. The new law requires that this information must be available to the party who is accused of the violation. Please complete the below form which must include your signature.

1. Address of the property allegedly in violation of the Associations Governing Documents:

2. Nature of the violation(s) and provision of governing Documents Violated:

3. First and last name of the person who observed the violation:

4. Date(s) the violation(s) observed:

I have personal knowledge of the facts contained in this complaint. If requested, I agree to appear and testify in an adjudicatory proceeding to the facts contained in this declaration. I further agree to appear and testify without being served a subpoena.

Name: _____ Signature: _____

Address: _____ Phone: _____

Please return completed form to:

1547 N State Street #210 - Greenfield, IN 46140
info@yourhoahelp.com
Fax: (317) 467-0465