

CLEARWATER FARMS PROPERTY OWNERS ASSOCIATION
UNITS IV, V, VI, VII
PO BOX 191
WADDELL AZ 85355
WWW.CLEARWATERFARMSPOA.COM

Complaint Form

Please complete this form to report concerns or alleged violations within the community. Scan and email to Secretary@clearwaterfarmspoa.com or mail to address above.

The Board of Directors will review the complaint at the next board meeting.

Incomplete forms will not be accepted.

Section 1: Complainant Information

(Please complete all applicable fields.)

- **Full Name:** _____
- **Property Address:** _____
- **Mailing Address (if different):** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Date of Submission:** ____ / ____ / ____

Section 2: Complaint Details

- **Date(s) of Incident(s):** _____
- **Location of Incident (if applicable):** _____
- **Nature of Complaint*:** (Check all that apply)
 - Noise Disturbance
 - Property Maintenance Violation
 - Common Area Issue
 - Pet Violation
 - Parking Violation
 - Safety Concern
 - Neighbor Dispute
 - Governance Concern

Other (please specify): _____

• **Description of Complaint:**

(Please provide a detailed description of the issue, including dates, times, names of individuals involved, and any steps you have taken to resolve the matter prior to this complaint.)

• **Which rule or bylaw do you believe to be in violation? (Please refer to the Association rules and bylaws posted on the community website.)**

• **What is your desired outcome?**

Section 3: Supporting Documentation

Please attach any relevant documents or evidence that support your complaint (photos, communications, notices, etc.).

• Documents Attached

Section 4: Previous Actions Taken

• **Have you previously addressed this issue with the involved party?**

Yes _____ No _____

If yes, please describe the outcome:

- **Have you contacted the POA board about this issue before?**

- o Yes No
- o If yes, please provide details:

Section 5: Signature

I hereby certify that the information provided above is true and accurate to the best of my knowledge. I understand that this complaint may be shared with the involved parties and that the Board will review and act upon it according to the POA's governing documents.

Signature: _____

Date: ____ / ____ / ____