

MCCA COMPLAINT FORM

MCCA encourages you to contact the Management Office if you have a complaint or concern, or experience a problem that affects you or your neighbors.* We ask that you complete this form within five working days after the incident or problem occurred.

Your Name _____ Date _____

Phone number where you can be reached _____

Email address _____

Complaint/Concern Information:

Date of Incident: _____ Time of Incident _____

Location of Incident _____

Names of those involved _____

Names of witnesses (if any) _____

Please explain what happened

Have you already acted to address the problem? What would you like done to address/resolve the problem?

Do you have any further information or comments? (Please continue on reverse side of paper if necessary.)

*Please note: Information in this form will be confidential if appropriate or upon request. General practice is that management does not disclose the identity of the complaining party.