



**Complaint Registration  
This Form Must be Signed**

NATURE OF COMPLAINT (pet, noise, etc.) \_\_\_\_\_

LOCATION: \_\_\_\_\_

NUMBER OF OCCURRENCES: \_\_\_\_\_

DATE(S) OF VIOLATION: \_\_\_\_\_

TIME(S) OF VIOLATION: \_\_\_\_\_

NAME OF OFFENDER (IF KNOWN) \_\_\_\_\_

DETAILS. BE SPECIFIC PLEASE:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WAS ANY ATTEMPT MADE TO RESOLVE THIS PROBLEM: \_\_\_\_\_  
YES NO

IF "YES", WHAT WERE THE RESULTS? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RECEIVED BY ASSOCIATION: \_\_\_\_\_  
NAME (PLEASE PRINT)

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

MANAGER OR OTHER \_\_\_\_\_ YOUR ADDRESS \_\_\_\_\_

DISPOSITION: \_\_\_\_\_  
\_\_\_\_\_

**Please remit this completed form to:**  
Tidewater HOA  
PO Box 340  
New Albany, OH  
tidewaterhoa@gmail.com