



PO Box 15427
Scottsdale, AZ 85267

VIOLATION COMPLAINT FORM

NAME OF COMMUNITY: _____

PERSON WHO OBSERVED VIOLATION: _____
(Print Name)

ADDRESS OF ALLEGED VIOLATION OF THE GOVERNING DOCUMENTS: _____

DATE(S) VIOLATION OCCURRED: _____

NATURE OF THE VIOLATION(S): _____

Per Arizona law (A.R.S. 33-1242 and A.R.S. 33-1803) any complaint lodged with the Association is not guaranteed to remain anonymous. The person complaining of the alleged violation must state their first and last name and this information may be sent to the party who is accused of the violation if requested.

Signature of Observer: _____ DATE: _____