



Condominium Management Associates, LLC

CONFIDENTIAL COMPLAINT FORM

Date: _____ Association Name: _____

Name of person registering complaint: _____

Unit Address of complainant: _____

Phone Number or Email: _____

Nature of Complaint:

Name of violator: _____

Address: _____

Phone Number: _____

Name & Title of person taking complaint: _____

Signature of person taking complaint: _____

All complaints are kept strictly confidential.

Return completed form to:

Condominium Management Associates
30445 Northwestern Highway, Suite 370
Farmington Hills, MI 48334

PROPERTY MANAGEMENT SOLUTIONS

30445 Northwestern Highway • Suite 370 • Farmington Hills, Michigan 48334
Telephone: 248-353-9010 • Fax: 248-353-0487 • www.condomanage.net