shelter bay community, inc

1000 Shoshone Dr., La Conner, WA 98257 (360) 466-3805 Fax (360) 466-4733

____ INCIDENT ____CONCERN ____COMPLAINT

Date Reported _____

Name of Person(s) Reporting (Please Print) _____

Address _____ Lot # _____ Phone No. _____

DESCRIPTION OF CONCERN OR COMPLAINT (who, what, when, where & why) _____

_____

_____

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_____

Signature(s) _____ Date _____

Has there been an effort made by the parties involved to resolve this issue? **Yes ____** **No _____**

Is this a problem for other residents? Yes _____ No _____

Comments _____

_____

_____

_____

OFFICE USE ONLY:
Report received by _____ Date _____

Referred to: Building Committee _____ Lot Committee _____ Greenbelt Committee _____ Manager _____

Committee reviewed at regular meeting on _____
(Date)

(Over for Respondents Comments)

Respondents Name (Please Print) _____

Address _____ Lot # _____ Phone No. _____

Respondents Comments

_____

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Comments given/taken by _____ Date _____

Action Taken

_____

_____

_____

_____

Signature _____ Date _____

Follow-up Information

_____

_____

_____

_____

Signature _____ Date _____

Final Disposition

_____

_____

Signature _____ Date _____