KING CITY CIVIC ASSOCIATION

COMPLAINT FORM

(All cells are required information)

Return to: office@mykcca.com or 15245 SW 116th Ave., King City, OR 97224

Date: _____

Subject Property Address _____

CLEARLY DESCRIBE THE ISSUE: Use the back of this form for additional details / information and/or attach additional sheets)

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HAVE YOU TALKED TO THE HOMEOWNER ABOUT THE ISSUE: _____ YES _____ NO

IF YES, DESCRIBE THE OUTCOME: Use the back of this form for additional details / information and/or attach additional sheets)

_____

_____

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_____

Complainant Information: The Board will engage in reasonable efforts to hold complaints in confidence, but may disclose them, if necessary, under the circumstances. If you wish to be anonymous check here: _____

Name:	Date:
Email Address:	Phone:
Street Address:	

For OFFICE/ LARC Use Only:

	Reviewed by:	Date:		**H**		**C**		Satisfied	Date:
	Further Action Required	Date:	Compliance Report						Date:
Additional Notes:									

DRAFT