

CAROLINA SHORES PROPERTY OWNERS ASSOCIATION
COMPLAINT FORM

ADDRESS: _____ DATE: _____

REASON FOR
COMPLAINT: _____

SECTION AND SUBSECTION OF DECLARATION
OF THE RESTRICTIONS BEING VIOLATED: _____

ACTION **YOU** HAVE TAKEN
TO RESOLVE THIS: _____

COMPLAINT MADE BY: _____
Name Address Phone #

The above information is required and will remain confidential. An investigation will NOT be initiated without all the above sections being completed.

INVESTIGATION
FINDINGS: _____

ACTION
INITIATED: _____

FOLLOW-UP
REQUIRED: _____

INVESTIGATED BY: _____ DATE: _____