

## COMPLAINT FORM

\*Association Name \_\_\_\_\_ \*

Person who Observed Violation:

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

Address: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Address of the Property Allegedly in Violation of the Association's Governing Documents:

\_\_\_\_\_

Date(s) Violation Occurred:

\_\_\_\_\_

Nature of the Violation(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Per Arizona laws (A.R.S. § 33-1242 and A.R.S. § 33-1803) any complaint lodged with the Association will NOT remain anonymous. The person complaining of the alleged violation must state their first and last name. This information will be provided to the accused party upon their request.

Signature of Observer: \_\_\_\_\_

Date(s) of Observation: \_\_\_\_\_

**Return completed form to your Association's name, c/o AAM, LLC, 1600 W. Broadway Road, Suite 200, Tempe, Arizona 85282 or Fax to 602.957.8802 or e-mail to [rbhatt@aamaz.com](mailto:rbhatt@aamaz.com)**