

## COMPLAINT FORM

This Complaint is the first step in the process of trying to resolve a dispute between owners and residents in "Darlington Ridge Condominium Association." When this form has been completed, it should be mailed or delivered to the Property Manager at the above address. This form will be given to the person with whom you have a dispute. That person will be given an opportunity to stop the behavior about which you are complaining, or to request a hearing pursuant to the Alternative Dispute Resolution provisions of the Condominium and consistent with the statutes of the State of New Jersey. When you transmit this form to the Property Manager, please provide a day time telephone number where you may be reached. Your contact information will be kept confidential. This form is not for disputes with the Condominium Association itself.

*The Person Making the Complaint:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*The Person or Entity to Whom the Complaint is Directed:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

*The Nature of the Complaint:*

*Description:* (Briefly describe the problem. If you need more space, attach a separate sheet)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State date(s) of Complaint of Activity: \_\_\_\_\_

State time of day of Complaint Activity: \_\_\_\_\_

State Where activity occurred: \_\_\_\_\_

State narrative of your Complaints:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event you are asserting a violation of a particular rule, resolution or covenant, please identify by Resolution No., Section of By-Law or Section of Master Deed, the rule which you allege has been violated.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date