

California Hawaiian

Resident Complaint Form

Date: _____

Time: _____

Space #: _____ Name: _____

Phone: _____

Check here if we can contact you if necessary

Type of Complaint:

Park Facilities

Park Management

Other Park Residents

Complaint/work requested:

If against another resident please fill out their information:

Name: _____ Space #: _____

Office use:

Started Work: Date: _____ Time: _____ Work done by: _____

Notes: _____

Completed work on: Date: _____ Time: _____

Unable to complete and why:
