

River Oaks Homeowners' Association
A Senior Community
350 Gilmore Road #115
Red Bluff, California 96080
(530)527-7945/riveroaksbod@att.net

COMPLAINT FORM

Date: _____

Complainant Information

(Association member filing complaint)

Name: _____

Address: _____

Phone: _____

Defendant Information

(Alleged Violator)

Name: _____

Address: _____

Phone: _____

Violation: The nature and date of the alleged violation, and a description of the factual basis of the complaint.

(Who, What, Where, When)

Specify Regulation: State the specific Rule and Regulation from the either the CC&Rs or Guidelines in which are being violated.

Witness: Name, Address, and Phone Information

Signature and Date of Complainant

Please be sure to completely fill in the information and you may submit to the office by hand delivering to Jami in the office or through the mail slot in the office door or mail/fax/email this form to the above address. **WE ARE UNABLE TO PROCESS INCOMPLETE FORMS.**

Thank you for helping us better serve you.

Additional Investigators : _____
(If more than one)

Is this a legitimate complaint? Yes No
(Circle One)

If answered no, please explain:

If answered yes, what action is recommended to the Board?

Was recommended action taken? Yes No
(Circle one)

What is the final outcome of this complaint?:

(i.e., resolved, fine or fines imposed, etc.)