



LACAMAS SHORES HOMEOWNERS' ASSOCIATION Homeowner Complaint Form

Date: _____ Name: _____

Address: _____

Phone: _____ Email: _____

Please indicate the method by which you would like us to contact you by circling either phone or email.

___ If you want us to mail our information please "x" here and our information will be sent via certified mail, return receipt.

___ I wish to address this written complaint to the Board in person.

___ I DO NOT wish to address this written complaint to the Board in person.

Complaint Information to include Who/What/Where/When:

Please attach any documents you may have pertaining to this issue.

Please state the Rules and Regulation/ By-law/ CC&Rs section(s) being violated (The governing documents are available at www.LacamasShoresHOA.org under "Governing Documents". You may contact a Board or Committee member for assistance): _____

Signature: _____ Printed Name: _____

Please submit this form by either mailing to this P.O. Box 751, Camas, WA 98607, or you may email the form to board@LacamasShoresHOA.org.

Complaint Processing: Once the Board receives your complaint, it will be investigated and discussed at the next scheduled board meeting. It may be necessary to contact you for clarification of the issues. We will contact you with our next meeting date and also our determination of the issue.

----- For Committee Use Only -----

Attachments included? Yes No

Date Received: _____

Date acknowledged Receipt: _____

Date Homeowner notified of allegation: _____

Date Investigated: _____

Date Reviewed: _____

Matter Approved? Yes No

Based on vote of _____ (date) of ___ ayes and ___ nays.

Action taken: _____

Board Signature: _____ Date: _____