



COVENANT COMPLAINT FORM

Complainant Name (required):	
Complainant Address (required):	
Complainant Phone*:	
Complainant Email*:	
Alleged Violation:	
Address of the Violation (required): If it is a common area, let us know the nearest cross street or provide other location information	
Date(s) and Time(s) of Incident(s) – (required):	
Other witnesses:	
Describe the incident with as much detail as possible (required):	
Provide any other information pertinent that may aid the Board in resolving the violation:	

By signing this complaint form, I hereby attest that the information is true to the best of my knowledge. I understand I may be asked to participate in the process acting as a witness, if necessary.

Signature of Person Reporting Violation

Date

Because the alleged violator has a right to be heard, you may be asked to be present at any hearing set regarding the alleged violation. If you fear retaliation, you may request anonymity from the alleged violator.

* We need a way to contact you if your report requires more information.

Complaints sent in without contact information requested, may not be investigated.

Please Email contact@hoaservicesco.com or Mail to: Red Rocks Valley HOA, 607 S. 7th St. Grand Junction CO 81501