

SIGNATURE: _____

For Board/Office Use Only

.....
Date grievance investigated: _____

Was the initiator of the grievance contacted? Yes ___ No ___

Date: _____ If yes, by phone _____ or in person _____

Briefly describe content of conversation:

.....
Was the complainant contacted? Yes ___ No ___ Date: _____

If yes, by phone _____ or in person _____

Briefly describe content of conversation:

.....
Was an Association rule/policy/CC&R violated? Yes ___ No ___

Reference: _____

Follow-up Needed? Y ___ N ___ Timeframe: _____

Who will follow-up? _____

Board Member Investigating: _____

.....
Letter needed to initiator? Yes ___ No ___

Date sent: _____ (attach copy to this form)

Letter needed to complainant? Yes ____ No ____

Date sent: _____ (attach copy to this form)

Office Coordinator Handling: _____