

CERES GLEANN HOMEOWNERS ASSOCIATION
CC&Rs COMPLAINT FORM
RESIDENT REPORT

Resident Name: _____ Date: _____

Address: _____

Phone #: _____ Best time to contact: _____

Concerns:

What is the CC&R number that references your concern: _____

Signature: _____

Date received by Committee Member or TAC: _____

Committee Action: _____

Committee/TAC Responder: _____ Date: _____

Please give this form to the appropriate Committee Member or a TAC Member.