



**Vision Community Management**  
914 N San Francisco St, Ste A  
Flagstaff, AZ 86001  
Office: (928) 286-3080 Fax: (928) 286-3081  
www.WeAreVision.com

## Complaint Form

Name of Community:

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First & Last Name of Person(s) who observed the violation:

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Observer's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of the property allegedly in violation of the Association's Governing Documents:

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City, State, Zip Code

Date(s) the violation occurred:

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Nature of the violation:

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Per Arizona Law (A.R.S §33-1242 and A.R.S §33-1803) any complaint lodged with the Association will **NOT** remain anonymous. The person complaining of the alleged violation must state their first and last name and this information will be sent to the party who is accused of the violation.

Signature of the Observer: \_\_\_\_\_ Date: \_\_\_\_\_

After completing this form entirely, mail or fax the form to Vision Community Management using the mailing address or fax number shown above.