



Vision Community Management
16625 S Desert Foothills Parkway
Phoenix AZ 85048
Office: (480) 759-4945 Fax: (480) 759-8683
www.WeAreVision.com

Complaint Form

Name of Community:

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

Observer's Address: _____ Phone: _____

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

City, State, Zip Code

Date(s) the violation occurred:

Nature of the violation:

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 the form to Vision Community Management using the mailing address above or email to carefreemountainstates@wearvision.com and this form will be sent to the CME Board of Directors for consideration.

September 15, 2026