



BURKHART R I D G E

1011 River Line Drive
Howell Twp., MI 48843
(517) 540-9500 (517) 540-9501 fax

STATEMENT OF COMPLAINT

This form must be typed or printed in ink. Use reverse side if more room is needed. A copy of this complaint form may be submitted to the person(s) complained against. Complaints against a Burkhart Ridge employee may be shared with that employee and upper management.

Your Name: Last, First, Middle Initial		
Address: Street, City, State, Zip		Site #:
Home Phone:	Work Phone:	Cell Phone:

COMPLAINT:

This complaint relates to one of the following (check the appropriate box)		
<input type="checkbox"/> Community <input type="checkbox"/> Manager <input type="checkbox"/> Neighbor <input type="checkbox"/> Community Personnel <input type="checkbox"/> Other _____		
Give name and address of those being complained about:		
Your Name: Last, First, Middle Initial		
Address: Street, City, State, Zip		Site #:
Home Phone:	Work Phone:	Cell Phone:
Nature of complaint: (use reverse side if more space is required)		

Have you previously contacted us regarding this complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? ____/____/____		
If yes, what was the result? _____		
Have you filed a complaint with any state or local agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, which agency(ies)? _____		
Is there court action pending? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, where? _____		

Please attach copies of an supporting documentation. Do not send originals.

Signature

Date