

**CALIFORNIA TRADEWINDS
INCIDENT / COMPLAINT FORM**

Date: _____

Name of Association: _____

Alleged Violator:

Name _____

Address _____

Description of Violation (specify rule, regulation, restriction):

Date, Time, Location of Violation:

Additional Facts or Comments:

Complainant:

The undersigned hereby agrees to testify at a Hearing before the Board of Directors or Committee of the Board on the above complaint.

Signature _____ Name (print) _____

Address _____ Phone Number (day) _____

Phone Number (night) _____

Office Use Only: