

Strath Haven Condominium Complaint or Incident Report

DATE: _____

UNIT NUMBER: _____

NAME: _____

DATE AND TIME OF INCIDENT: _____

DESCRIBE INCIDENT OR COMPLAINT, INCLUDING NAME AND UNIT NUMBER IF KNOWN OF THE PERSONS INVOLVED:

WERE THERE ANY WITNESSES? YES [] or NO []

NAME AND ADDRESS OF WITNESS _____

ACTION TAKEN: _____

FURTHER ACTION NECESSARY _____

WERE THE POLICE NOTIFIED? YES [] or NO []

SIGNATURE: _____

(PLEASE NOTE: THESE REPORTS ARE KEPT CONFIDENTIAL)