



# KING CITY CIVIC ASSOCIATION

## COMPLAINT FORM

(All cells are required information)

Return to: [office@mykcca.com](mailto:office@mykcca.com) or 15245 SW 116<sup>th</sup> Ave., King City, OR 97224

Date: \_\_\_\_\_

Subject Property Address \_\_\_\_\_

**CLEARLY DESCRIBE THE ISSUE:** Use the back of this form for additional details / information and/or attach additional sheets)

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**HAVE YOU TALKED TO THE HOMEOWNER ABOUT THE ISSUE:** \_\_\_\_\_ YES \_\_\_\_\_ NO

**IF YES, DESCRIBE THE OUTCOME:** Use the back of this form for additional details / information and/or attach additional sheets)

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Complainant Information: The Board will engage in reasonable efforts to hold complaints in confidence, but may disclose them, if necessary, under the circumstances. If you wish to be anonymous check here: \_\_\_\_\_

Name:	Date:
Email Address:	Phone:
Street Address:	

**For OFFICE/ LARC Use Only:**

Reviewed by:	Date:	<input type="checkbox"/> H	<input type="checkbox"/> C	<input type="checkbox"/>	Satisfied	Date:
Further Action Required	Date:	Compliance Report				Date:
Additional Notes:						