



## HIE RULES VIOLATION COMPLAINT FORM

DATE: \_\_\_\_\_ BLDG # \_\_\_\_\_ UNIT # \_\_\_\_\_

COMPLAINANT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### INFORMATION PERTAINING TO COMPLAINT

NAME (IF KNOWN): \_\_\_\_\_ BLDG # \_\_\_\_\_ UNIT # \_\_\_\_\_

IF PERTAINING TO A VEHICLE:

PARKING SPACE #: \_\_\_\_\_ LICENSE PLATE #: \_\_\_\_\_ BAR CODE# \_\_\_\_\_

DESCRIPTION OF ISSUE:

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RESOLUTION (FOR OFFICE USE ONLY)

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Signature

Date