

Colony West Vendor Complaint Form  
31 Colony West Drive  
Champaign, IL 61820  
P: (217) 359-3405  
E: [cwhoa31@gmail.com](mailto:cwhoa31@gmail.com)

## Colony West HOA Vendor Complaint Form

### Resident Information:

Full Name: \_\_\_\_\_  
Name of Homeowner: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Vendor Information:

Vendor Name: (if known)

Type of Service Provided:

- ☐ Landscaping
- ☐ Garbage
- ☐ Pest Control
- ☐ Cleaning
- ☐ Other: \_\_\_\_\_

Date of Incident/Service: \_\_\_\_\_

Time of Incident: (if applicable): \_\_\_\_\_

### Description of Complaint

Please describe the issue in detail (specific dates, times, locations, and names if possible):

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\*If you have supporting evidence, documents, or photos - send an email to [cwhoa31@gmail.com](mailto:cwhoa31@gmail.com)

*Please continue to next page*

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Desired Outcome or Resolution:

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Signature and Date:

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Signature	Date
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OFFICE USE ONLY:

Date Received: \_\_\_\_\_  
Received By: \_\_\_\_\_  
Action Taken: \_\_\_\_\_  
Date Closed: \_\_\_\_\_