**Name of Association: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Suspected Violation Reporting Form**

|  |  |
| --- | --- |
| **COMPLAINANT INFORMATION** | |
| \*\* **Name** |  |
| \*\* **Address** |  |
| \*\* **Phone Number** |  |
| \*\* **Email Address** |  |
| **OTHER INFORMATION** | |
| \*\* **Name of Blamed Owner** | Note: If name of Blamed Owner is unknown, an alternate, indisputable method of identifying the Blamed Owner must be provided. |
| **Address of Blamed Owner** |  |
| \*\* **Details of Suspected Violation** |  |
| **Reference to Part(s) of Governing Documents Being Violated** |  |
| \*\* **Evidence Supporting Suspected Violation** | Note: Evidence supporting the suspected violation may include testimony (e.g.,  Written statements), documentary material (e.g., photographs, documentation, audio or video recordings, printed emails), or exhibits (e.g., physical objects). |
| **COMPLAINANT SIGNATURE** | |
| X **X** | |
| Date: Date: | |
| By signing above, I confirm that my statements are truthful and accurate to the best of my knowledge.  Additionally, I attest that if the only Evidence being submitted is testimony, then I confirm that I will attend and provide that testimony at a Hearing that may be held. | |

\*\* Denotes required information. All other information should be completed to the extent known. Include additional pages as needed.

**Mail the form to Diamond Community Services, P.O. Box 299. Spring City, Pa 19475 or email to admin@diamondcommunityservices.com**