

Commonwealth Real Estate Services
18150 SW Boones Ferry Road
Portland, OR 97224
(503) 244-2300
(503) 768-4660 Fax

**RESIDENT
SUGGESTION/COMPLAINT**

**FORM
36**

DATE: _____ COMMUNITY NAME: _____

RESIDENT NAME: _____

RESIDENT ADDRESS: _____ SPACE #: _____

CITY: _____ STATE: Oregon ZIP: _____

MAILING ADDRESS if different than above: _____

CITY: _____ STATE: _____ ZIP: _____

Harmonious living conditions and professionally managed communities are best maintained when communication is easy and precise. While our goal is your enjoyable residency here, there may be an occasion when a matter must be brought to our attention for remedy.

In order that corrective steps may be taken when necessary, we ask that complaints or suggestions be submitted to Management in writing.

☐ Suggestion for Management: _____

☐ Complaint against a Fellow Resident:

Name: _____

Address: _____ SPACE #: _____

Please detail your complaint, incident or problem below (specify date, time, place, person(s), etc.):

On or about _____, 20____:

Attach additional sheet(s) if necessary.

SUBMITTING RESIDENT ACKNOWLEDGES THAT THIS FORM WILL BE KEPT CONFIDENTIAL BY LANDLORD/ MANAGEMENT TO THE EXTENT POSSIBLE UNLESS OR UNTIL REQUIRED OTHERWISE BY COURT ACTION OR ANY PERSONS OR ENTITIES WITH THE LEGAL AUTHORITY REQUIRING RELEASE OF THIS DOCUMENT

Submitting Resident: _____

White – Submitting Resident File Yellow – Submitting Resident Pink – Fellow Resident File ONLY