

**Fyre Lake Association, Inc.  
513 Fyre Lake Drive  
Sherrard, IL 61281**

**COMPLAINT FORM**

Name of Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Responding Party's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Statement of Complaint:

Please be as specific as possible. Attach copies of any relevant documents. If applicable, please refer to the covenant you believe to be in violation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What actions have you taken to resolve the problem?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: In order to resolve your complaint we may send a copy of this form to the person about whom you are complaining.

Signature: \_\_\_\_\_

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