



Lake Carroll Complaint Information Sheet

**Complainant's Contact Information:**

Name: _____ Sec/Lot: _____

Address: _____

Phone #: _____ Day Phone #: _____

Complaint Details:

Date Incident Occurred: _____

Location Incident Occurred (Street, Sec/Lot): _____

Summary of Complaint: _____

Description of Violators/Vehicles Involved: _____

Action Desired:

Please describe: _____

LCA will respond to your concerns in writing within 180 days.

OFFICE USE ONLY**Person Receiving Complaint:**

Name: _____ Date: _____ Time: _____

Action Taken: _____

Name: _____ Date: _____