COMPLAINT FORM

PROJECT: Breeza Coves	**COMPLAINT DATE:**
UNIT NUMBER:	**TURNOVER DATE:**
OWNER'S NAME:	**WARRANTY END DATE:**
NO. OF COMPLAINTS:	**INSPECTION DATE:**

ADDITIONAL INFORMATION

__ With Warranty __ No Warranty __ Others: _____

CONCERN

UNIT PARTICULARS	DESCRIPTION & WORK RECOMMENDATION	DATE COMPLETE

Note: Listed above are the list of unit concern/s.

Complainant's Signature:

PMO Admin's Signature:	**PD Associate's Signature:**

Fillable copy shared by the Breeza Coves Homeowners Association. Print or sign digitally, then submit to the Priland Property Management Office (PMO).