



Complaint # _____
Dreamland Villa Code
Complaint Form

Complaints that are not signed and dated will NOT be investigated

Complaints will remain confidential unless the violation proceeds to a County Hearing Officer or the County Attorney's Office.

Complaint Against

Full Name: _____
 First Name Last Name

Address: _____
 House Number Street Apt.

If known: _____
 Member Number Phone Number

Complainant:

Full Name: _____
 First Name Last Name

Address: _____
 House Number Street Apt.

_____ _____ _____
Member Number Phone Number Email Address

Complaint:

Signature

Date

By signing above, the complainant agrees to aid DVRC with the investigation and with seeking resolution.