



COMPLAINT FORM

Please fill out the following information. A staff member will contact you if further details are necessary, and your complaint will be forwarded to the Board of Directors for review. Please note that anonymous complaints will not be addressed and no information on this form is pledged to be confidential.

Today's date: _____

Person(s) filing complaint:

Name: _____

Address: _____

Phone: _____

Complaint against:

Name: _____

Address: _____

KWPOA Member? Circle one: YES / NO

Please describe your complaint (you may attach additional pages, documents or photographs you feel clarify the situation):

Forward the completed form to KWPOA via:

Fax: 415-721-7468

Mail: PO Box 404, Kentfield, CA 94914