

**CENTRAL SQUARE VILLAS  
COMPLAINT FORM**

Must be signed by the Complainant in Order for Association to Process.

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

**COMPLAINANT INFORMATION** (Association Member filing complaint)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**DEFENDANT INFORMATION** (Alleged Violator)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**VIOLATION** : The nature and date of the alleged violation, and a description of the factual basis of the complaint – Who What Where When.

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

**REGULATION** : State the specific Rule and Regulation, CC&R, and/or By-law articles being violated.

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

**WITNESS** : Name, Address, and Phone

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

**SIGNATURE OF COMPLAINANT** :

\_\_\_\_\_

**PLEASE SEND TO:** R&D Property Management of WNY  
PO Box 978 Getzville, NY 14068  
Phone: 716-863-1202  
Email: cindy@rdmanagementofwny.com