



KEY ASSOCIATION
— MANAGEMENT —

CONFIDENTIAL COMPLAINT FORM

Date: _____

Time: _____

Name of person registering complaint: _____

Address of complainant: _____

Phone Number: _____

Nature of complaint:

Name of violator: _____

Violator
Address: _____

Please mail your complaint to:

Key Association Management
16955 18 Mile Rd.
Clinton Twp. MI 48038

All complaints are kept strictly confidential.