

**Commonwealth Real Estate Services**  
18150 SW Boones Ferry Road  
Portland, OR 97224  
(503) 244-2300  
(503) 768-4660 Fax

**RESIDENT  
SUGGESTION/COMPLAINT**

**FORM  
36**

DATE: \_\_\_\_\_ COMMUNITY NAME: \_\_\_\_\_

RESIDENT NAME: \_\_\_\_\_

RESIDENT ADDRESS: \_\_\_\_\_ SPACE #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: Oregon ZIP: \_\_\_\_\_

MAILING ADDRESS if different than above: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Harmonious living conditions and professionally managed communities are best maintained when communication is easy and precise. While our goal is your enjoyable residency here, there may be an occasion when a matter must be brought to our attention for remedy.

In order that corrective steps may be taken when necessary, we ask that complaints or suggestions be submitted to Management in writing.

☐ Suggestion for Management: \_\_\_\_\_  
\_\_\_\_\_

☐ Complaint against a Fellow Resident:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ SPACE #: \_\_\_\_\_

Please detail your complaint, incident or problem below (specify date, time, place, person(s), etc.):

On or about \_\_\_\_\_, 20\_\_\_\_:

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

Attach additional sheet(s) if necessary.

SUBMITTING RESIDENT ACKNOWLEDGES THAT THIS FORM WILL BE KEPT CONFIDENTIAL BY LANDLORD/ MANAGEMENT TO THE EXTENT POSSIBLE UNLESS OR UNTIL REQUIRED OTHERWISE BY COURT ACTION OR ANY PERSONS OR ENTITIES WITH THE LEGAL AUTHORITY REQUIRING RELEASE OF THIS DOCUMENT

Submitting Resident: \_\_\_\_\_