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GENERAL COMPLAINT & SUGGESTION FORM

Complainant Information *(your name & info)*

Name: _____

Address: _____

Phone# _____ Contacted on: _____

Complaint Against *(their information)*

Name: _____

Address: _____

Signature: _____ *(Unsigned complaints will not be acted upon)*

The Board of Directors is open to all suggestions, comments or complaints. All forms will be acted upon as soon as possible and you will be contacted by telephone to acknowledge its receipt. No further information on the resolution of the complaint will be provided to you.

All information will be treated confidentially

Complaint or Suggestion:

(Use back of form if required for additional information)

Office Use Only: Code Committee Reply

Date Received: _____

Signed by: _____

Reply Date: _____

Action taken by the Board: _____

Follow Up Action: _____

Signed by: _____

Reply Date: _____