

**VANTAGE HOMEOWNERS ASSOCIATION, INC.**

P.O. Box 6503  
 Alexandria Virginia 22306-0503

**Record of Complaint**

**Item 1: Identification Data of person(s) lodging complaint**

Name:	Telephone Number:
Street Address:	
Lot Number:	
Mailing Address (if different):	

**Item 2: Identification Data of location of problem**

Name (if available):	Telephone Number (if available):
Street Address:	
Lot Number (if available):	

**Item 3: Describe in as much detail as possible the problem.**

Attach a separate statement if necessary.

**Item 4: Signature (required)**

Signature of Homeowner	Date Submitted
------------------------	----------------

**Item 5: VHA Board Use Only**

Date Received:
Board Control Number: