To: Kuau Bayview at Paia Homeowners' Association
37 Kaiea Place, Paia, HI 96779 Phone: 579-8077
http://www.kuaubayviewmaui.com Email: hoa@kuaubayviewmaui.com

KUAU BAYVIEW GRIEVANCE FORM

Offender's Name:	Date:
Offender's Address:	Lot#:
Offender's Phone:	Offense#:
NATURE OF GRIEVANCE: (p	please give details about how this problem adversely affects your life)
(Please continue your description on the	back of this page if you need more room)
Your Name:	Address:
	Email:
Your Signature:	
NB. The above information will be ke	ept confidential. Anonymous complaints will not be acted upon.
HAVE YOU ATTEMPTED TO	RESOLVE THIS PROBLEM YOURSELF? Yes () No ()
PLEASE EXPLAIN:	

ADDITIONAL INFOR	RMATION:			
FOR BOARD OF DII ACTION TAKEN:			ONLY:	