OTI MANAGEMENT

Resident Concern Form

Please submit in writing so we can properly review

PROPERTY / COMMUNITY NAME | **DATE SUBMITTED** | **SPACE #**

1. RESIDENT INFORMATION

FULL NAME

PHONE | **EMAIL**

PREFERRED WAY FOR US TO REACH YOU

☐ Phone call ☐ Text ☐ Email ☐ In-person / office

2. WHAT IS YOUR CONCERN ABOUT?

☐ Park facilities (roads, common areas, lighting)
☐ Park management (staff, communication)
☐ Another resident or their guest
☐ Utilities
☐ Maintenance or repair issue
☐ Safety or security
☐ Rules violation
☐ Other (describe below)

IF ABOUT ANOTHER PERSON — NAME (IF KNOWN) | **THEIR SPACE #**

3. DESCRIBE THE INCIDENT OR CONCERN

Please be specific about date, time, location, and what happened.

DATE OF INCIDENT | **TIME OF INCIDENT**

LOCATION

WHAT HAPPENED

4. WHAT WOULD YOU LIKE MANAGEMENT TO DO?

Your concern will be reviewed by park management. This form is not confidential and may be shared with parties involved or used as documentation if further action is taken.

RESIDENT SIGNATURE | **DATE**

FOR OTI MANAGEMENT USE ONLY

☐ No action needed ☐ Action taken (below) ☐ Under review

RECEIVED BY | **DATE RECEIVED**

INVESTIGATION, ACTION TAKEN, AND FOLLOW-UP

DATE RESOLVED | **RESIDENT NOTIFIED (DATE / METHOD)** | **RESOLVED BY**