

# STURBRIDGE HOMEOWNERS ASSOCIATION

## GRIEVANCE FORM

\*\*\*\*\*

**ISSUE:**

**RESOLUTION:**  
(Optional)

**SIGNATURE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

(USE BACK OF FORM IF ADDITIONAL SPACE IS NEEDED.)

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### SHA/ALFA USE ONLY

Date Received: \_\_\_\_\_

Date Grievant Notified of Decision: \_\_\_\_\_

Action Taken/Recommendation Made:

## COMMENTS (Cont.)

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### INSTRUCTIONS

If you have a concern, problem, or complaint with your neighbor or Alfa which you have been unable to resolve on your own, or you have any other concern related to or affecting our community, please complete this form. Describe in detail the matter, outlining your efforts to date to resolve the matter, and the names, addresses, and telephone numbers of persons who have information which would be helpful in reviewing the matter. Submit this form to the SHA President or Alfa Homeowners Representative. After review, you will be notified of the action/recommendation taken. If you have any questions, please contact the SHA President/Alfa Representative.

1. **ISSUE:** State the issue.
2. **RESOLUTION:** State the desired resolution.
3. **SIGNATURE:** Suggestion submitter completes (this is mandatory although it will be confidential if requested).  
**ADDRESS**  
**TELEPHONE #**
4. **DATE RECEIVED:** Date SHA/ALFA received Grievance Form.
5. **DATE GRIEVANT NOTIFIED:** Date Grievant notified of action taken/ recommendation made.