

**Sandia Heights Homeowners Association (SHHA)**

**Website: [www.sandiahomeowners.org](http://www.sandiahomeowners.org)**

**COVENANT SUPPORT COMMITTEE (CSC)**

**Report of Suspected Covenant Violation**

Date: **(SHHA date stamped)**

Person completing this report is **Complainant**. Subject of this report is **Alleged Violator**.  
**Complainant must be a current member of SHHA to file this report.**

**If you are not a current member of SHHA, then in order for the Covenant Support Committee to pursue this complaint, you must agree to establish membership for a minimum of ONE year. To agree to this requirement, please sign below.**

Agree \_\_\_\_\_

**SHHA property owner members who have a complaint about suspected covenant violations in their Unit, in an adjacent Unit, or in line of sight from the member's property may file a written complaint. It is the policy of the Covenant Support Committee to NOT divulge the name of the complainant filing this report to the Alleged Violator. However, should the violation be escalated to the stage of requiring court proceedings, the anonymity of the complainant can no longer be guaranteed. Some units have their own homeowners association or additional covenants which are enforced by said association.**

**Sections A thru D must be completed.**

**A. Complainant Information:**

Name (Required):

Street Address (Required):

Unit # (Required):

Phone # (Required):

E-mail (optional):

**B. Alleged Violator Information:**

Name: (If known):

Property Location (Required):

Unit # (Required):

Phone # (If known):

C. Please detail reasons you believe a covenant violation has occurred (**cite which specific section of the covenants has been violated**): Covenants for the appropriate Unit or other Units can be found at the SHHA Website or at the SHHA Office:

Paragraph Number:

Violation:

**NOTE: It is not required nor suggested that the complainant contact the violator.**

D. Has Complainant contacted Alleged Violator about subject of this complaint (NOT a requirement)?

Yes      No

If yes, what response was given?

Complainant's Signature:

\*\*\*\*\*    \*\*\*\*\*    \*\*\*\*\*    \*\*\*\*\*    \*\*\*\*\*    \*\*\*\*\*    \*\*\*\*\*    \*\*\*\*\*    \*\*\*\*\*    \*\*\*\*\*

E. The following will be filled-in by the SHHA office.

Assigned Committee Member:

Date Assigned:

Due Back Date: