

To: Kuaubayview at Paia Homeowners' Association
 37 Kaiea Place, Paia, HI 96779 Phone: 808-579-8077
<https://www.kuaubayviewmaui.com> Email: hoa@kuaubayviewmaui.com

KUAUBAYVIEW GRIEVANCE FORM

Offender's Name: _____ Date: _____
 Offender's Address: _____ Lot#: _____
 Offender's Phone: _____ Offense#: _____

NATURE OF GRIEVANCE: (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: _____
 Your Phone: _____ Email: _____
 Your Signature: _____

NB. The above information will be kept confidential.

HAVE YOU ATTEMPTED TO RESOLVE THIS PROBLEM YOURSELF? Yes () No ()

PLEASE EXPLAIN: _____

ADDITIONAL INFORMATION:

FOR BOARD OF DIRECTORS/GRIEVANCE COMMITTEE USE ONLY:

ACTION TAKEN: _____
