

## Bayshore Suggestion/Complaint Form

Date:	
<b>Description of suggestion or occurrence</b>	
<b>Member Information (For follow-up questions) must be signed to be considered valid</b>	
Name:	Member Number:
Address:	
Phone Number:	
Signature:	
<b>If this was an incident witnessed by others, please have them sign below</b>	
Witness Name:	
Witness Signature:	
Witness Name:	
Witness Signature:	
<b>Thank you for your interest in making Bayshore a better place to live!</b>	