

Sandia Heights Homeowners Association (SHHA)

Website: www.sandiahomeowners.org

COVENANT SUPPORT COMMITTEE (CSC)

Report of Suspected Covenant Violation

Date: _____

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_____

Sandia Heights Homeowners Association (SHHA) Covenant Support Committee (CSC) does not patrol Units looking for violations but rather acts only upon formal complaints from property owners that are SHHA members in good standing. The CSC treats complaint details with confidentiality, including names and addresses of complainants and alleged violators alike. Should an investigation into a violation be escalated to a stage that cannot guarantee anonymity of the complainant, the complainant will be consulted first. Complaints must be submitted using either the online interactive CSC Violation Report or the PDF version Report of Suspected Covenant Violation, also available online. These forms must be filled out in their entirety, including the names, addresses and Unit numbers for both the complainant and alleged violator, and the exact paragraph/article number and detailed text of the alleged violation taken directly from the Unit covenants. Please do not submit more than one type of complaint per form, or they may be rejected. Note that 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):

Covenant Violation Form Revised March 2025.doc

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:

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

Paragraph Number:

Violation:

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: