

COVENANT REVIEW COMMITTEE (CRC)  
Neighbor Complaint Form

Complete this form (items 1 thru 10) and return to:

Somerset Community Association ATTN: CRC PO Box 40531 Bellevue, WA 98015
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1. Name(s) of person(s) filing this complaint

\_\_\_\_\_

2. Phone numbers: Day \_\_\_\_\_

Evening \_\_\_\_\_

3. Your e-mail address \_\_\_\_\_

4. Your home address

\_\_\_\_\_

5. Name(s) of neighbor(s) you are complaining about

\_\_\_\_\_

6. Their address(es)

\_\_\_\_\_

7. Please describe in detail the basis of your complaint (attach additional information if needed)

8. Have you communicated with the neighbor(s) in question about these specific concerns?

Yes      No

9. If so, when did the communications occur (month/year) and what was the response?  
(attach additional information if needed)

10. What do you want the CRC to do regarding your concerns?

(Please refer to the limitations of the authority of the CRC in your covenants)

11. Would you be willing to go to Bellevue Mediation Program to resolve this situation?

Yes      No