



Homeowner Report Form

Relating to: (check one)

Grounds Neighbor Staff/Facility Policies/Rules

Nature of Complaint/Compliment/Concern (use additional sheet, if necessary):

Location:

Village: _____ Address: _____

Name(s) of Violator, Owner, or Occupant if applicable: _____

Reported by:

Name _____ Lot _____

Property Address _____

Mailing Address (if different) _____

Phone, cell _____ other _____

Email _____

For follow up to this report, I prefer to be contacted by staff through: (check one)

phone email mail no follow up

Privacy:

I understand that in order to investigate and follow up on the subject matter of this report, VOKA may be required to disclose information contained herein to others. I understand that while, as a matter of general practice, VOKA will not disclose my identity, address, or contact information to others during its investigation and follow-up, VOKA cannot promise or agree that this information will be kept confidential. I understand that under certain circumstances, VOKA may be legally required to disclose the source of this report, including my identity, address, and contact information, and/or allow the inspection or copying of this report, to or by others. For example, I understand that VOKA may be required to disclose information or make a copy of this report available to others pursuant to a subpoena, court order, or law. I also understand that, under certain circumstances, VOKA may have a duty to report information to local authorities. I understand and agree that should VOKA determine it necessary or appropriate to take action, whether legal or otherwise, I may be called upon to provide further details, information, a written statement, a signed affidavit, give a deposition, testify in court or other proceedings, or otherwise cooperate with VOKA and that if I do not, VOKA's efforts may be impaired or hindered. If it is determined by VOKA that my complaint, compliment, or concern should be directed to a party other than VOKA, such as the State of Hawaii, City & County of Honolulu, or governmental agencies, I will be so advised. I make this report with full knowledge of, and consent to, the foregoing.

I acknowledge and confirm that I am a member of VOKA. I affirm that I have read and understand the contents of this Homeowner Report Form and that my statements herein are true and correct to the best of my information, belief, and knowledge.

Signature: _____ Date: _____

(for office use below)

Referred to: _____ Date: _____

Follow up action:

Homeowner contacted by: _____ Date: _____

White-VOKA mgmt., Yellow-VOKA staff referral, Pink-Homeowner