



## Common Lockbox Rules Complaint Form

\_\_\_\_\_ Case Number (to be assigned)

\_\_\_\_\_ **COMPLAINANT**

\_\_\_\_\_ **RESPONDENT**

The complaint must be filed by an individual against an individual, NOT A FIRM. Please remember to sign and date the complaint form and any supporting documentation.

Complainant charges alleged violation of the following Common Lock Box Rules:

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The charge(s) above is supported by the attached statements and documentation.

I declare to the best of my knowledge and belief, the allegations are true.

Are the circumstances to this complaint involved in civil or criminal litigation or administrative proceedings? \_\_\_ Yes \_\_\_ No

**COMPLAINANT:**

\_\_\_\_\_ **TYPE/PRINT NAME**

\_\_\_\_\_ **SIGNATURE/DATE**

\_\_\_\_\_ **ADDRESS**

\_\_\_\_\_ **DAYTIME PHONE**

\_\_\_\_\_ **EVENING PHONE**

Submit this form to SPAAR by email: [tdouglas@spaar.com](mailto:tdouglas@spaar.com)