



**LAKE LIMERICK COUNTRY CLUB – INCIDENT/COMPLAINT FORM**

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**DATE COMPLAINT FILED:** \_\_\_\_\_ **DATE OF INCIDENT:** \_\_\_\_\_

**YOUR NAME:** \_\_\_\_\_ **DIV/LOT:** \_\_\_\_\_

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

**EMAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

(YOUR EMAIL ADDRESS WILL ONLY BE USED FOR COMPLAINT FOLLOW UP)

**\*\*\*\* YOUR CONTACT INFORMATION WILL REMAIN CONFIDENTIAL \*\*\*\***

**NAME:** \_\_\_\_\_ **DIV/LOT:** \_\_\_\_\_

(PERSON INCIDENT/COMPLAINT IS AGAINST)

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

**NATURE OF INCIDENT:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECOMMENDED SOLUTION:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACCEPTED BY:** \_\_\_\_\_

(LAKE LIMERICK STAFF/COMMITTEE MEMBER NAME AND DATE)