



**BUCK LAKE CAMPGROUND ASSOCIATION
ACTION ITEM FORM**

Use this form to report a complaint, complement or suggestions that you want the Board of Directors to review. Please fill in all the applicable information and indicate if you would like a response from the board. When completed, give or mail this form to Caretaker or any member of the Board of Directors. Your form will be reviewed at the next scheduled board meeting. **If it is an emergency, Please call a Board Member or Caretaker.**

Type of Action (mark one): COMPLEMENT _____ SUGGESTION _____

Type of Action: COMPLAINT _____

Date & Time of incident: _____ **Subject:** _____

Person(s)/Campsite(s) involved: _____

Observed by: _____

Description of what happened:

What action would you like the Board or Caretakers to take regarding your complaint?

Would you like to be contacted in response to this action form? Yes _____ **No** _____

Your Name and how you would like to be contacted: Phone or Email address.

NAME: _____ **CONTACT INFORMATION:** _____

Buck Lake Campground: 641 E Phillips Lake Loop Rd. , Shelton, WA 98584. PH: 360-432-8476