

[Common Interest Community Association Name]
[Association or Managing Agent Address and Telephone Number]

COMPLAINT FORM

Pursuant to Section 55-530(E) of the Code of Virginia, 1950, as amended, the Board of Directors (“Board”) of the _____ (the “Association”) has established this complaint form for use by persons who wish to register written complaints with the Association. The Board may elect not to take action on any complaint which does not include all of the information requested on this form.

Legibly describe your complaint in the area provided below. Include references to the specific facts and circumstances at issue, those individuals who have direct knowledge of such circumstances and the provisions of the Association’s documents or governing law that support your complaint. If there is insufficient space, attach a separate sheet of paper to this complaint form. Also attach any supporting documents relevant to your complaint.

If, after the Board’s consideration and review of your complaint, the Board issues a final decision adverse to your complaint, please be aware that you have the right to give notice to the Common Interest Community Board (“CICB”) of any final adverse decision in accordance with the regulations promulgated by the CICB. The notice shall be filed within 30 days of the final adverse decision, shall be in writing on forms prescribed by the CICB, shall include copies of all records pertinent to the decision, and shall be accompanied by a \$25.00 filing fee. The CICB’s contact information is:

Office of the Common Interest Community Ombudsman
c/o Heather Gillespie, Esquire
Virginia Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233
(804) 367-2941
cicombusdsmanoffice@dpor.virginia.gov

Sign, date and print your name and address below and submit this completed form to the Association at the address listed above. Anonymous complaints will not be accepted.

COMPLAINANT:

[Printed Name]

[Signature]

[Date]

[Address]

For Association use only:

Received by: _____ *Date:* _____