ASSOCIATION COMPLAINT FORM

Pursuant to Chapter 29 of Title 55 of the Code of Virginia, the Board of Directors ("Board") of <u>TIMBERLAKE</u> <u>COMMUNITY ASSOCIATION, INC.</u> ("Association") has established this complaint form for use by persons who wish to file complaints with the Association regarding the action, inaction, or decisions by the Board, Managing Agent, Or Association inconsistent with applicable laws and regulations.

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| concerns described in your complain provisions of the laws, regulations, a there is insufficient space, please at | aint in the area provided below, as well as the action. Please include references to the specific facts and applicable Association governing documents that a separate sheet of paper to this complaint for the materials related to your complaint. | and circumstances at issue and the that support your complaint. If |
| | | |
| | | |
| Sign, date, and print your name and listed below: | d address below and submit this completed form t | o the Association at the address |
| | Harrison & Lear Community Management | |
| | 2310 Tower Place, Suite 105 | |
| | Hampton, VA 23666 | |
| Α | Attn: TIMBERLAKE COMMUNITY ASSOCIATION, IN | C. |
| <u>Associations@s</u> | simplehoaliving.com * Office (757) 793-3700 * Fax | (757) 838-2574 |
| Print Name | Signature | Date |
| Mailing Address: | | |
| Unit Address: | | |
| Email: | Phone No. | |

If, after the Board's consideration and review of your complaint, the Board issues a final decision adverse to your complaint, you have the right to file a notice of final adverse decision with the Common Interest Community Board ("CICB") in accordance with the regulations promulgated by the CICB. The notice shall be filed within thirty (30) days of the date of the final adverse decision, shall be in writing on forms provided by the Office of the Common Interest Community Ombudsman ("Ombudsman"), shall include copies of any supporting documents, correspondence, and other materials related to the decision, and shall be accompanied by a twenty-five (\$25.00) filing fee. The Ombudsman may be contact at:

Contact Preference:

[] Email

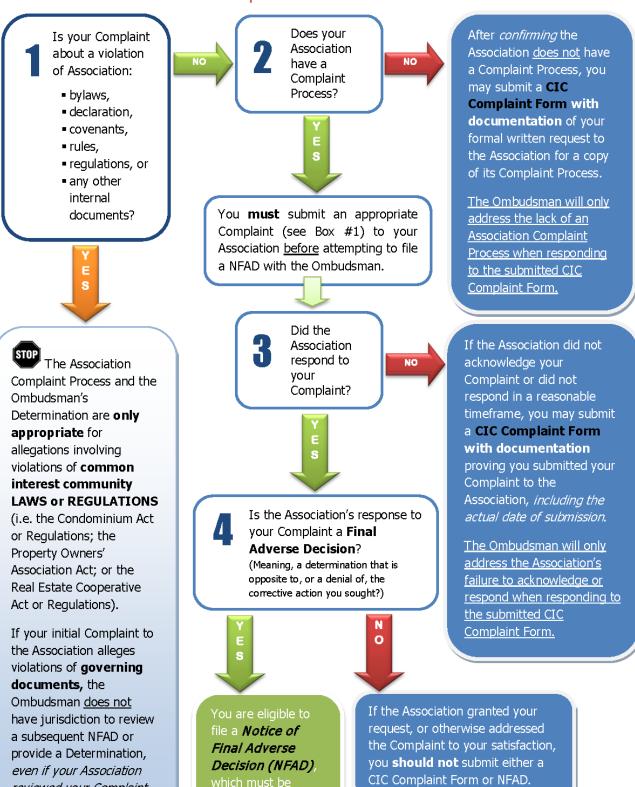
[] Phone

Office of the Common Interest Community Ombudsman
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, VA 23233

CICOmbudsman@dpor.virginia.gov * Office (804) 367-2941

Guidelines for Review of Complaint Submissions

Before You Submit a Complaint or Notice of Final Adverse Decision



accompanied by the

waiver request form.

\$25 filing fee or

reviewed your Complaint

and provided you a Final

Adverse Decision.