

ASSOCIATION COMPLAINT FORM

Pursuant to Chapter 29 of Title 55 of the Code of Virginia, the Board of Directors ("Board") of **TIMBERLAKE COMMUNITY ASSOCIATION, INC.** ("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.

Legibly describe your complaint in the area provided below, as well as the action or resolution requested to the concerns described in your complaint. Please include references to the specific facts and circumstances at issue and the provisions of the laws, regulations, and applicable Association governing documents that support your complaint. If there is insufficient space, please attach a separate sheet of paper to this complaint form. Also, attach any supporting documents, correspondence, and other materials related to your complaint.

Sign, date, and print your name and address below and submit this completed form to the Association at the address listed below:

Harrison & Lear Community Management

2310 Tower Place, Suite 105

Hampton, VA 23666

Attn: TIMBERLAKE COMMUNITY ASSOCIATION, INC.

Associations@simplehoaliving.com * Office (757) 793-3700 * Fax (757) 838-2574

_____ Print Name	_____ Signature	_____ Date
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Mailing Address: _____

Unit Address: _____

Email: _____ Phone No. _____

Contact Preference: ☐ Email ☐ Phone

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:

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

