

COMPLAINT FORM

This form must be completed and signed to have your complaint processed by the Association.

Contact Information

Name of Complainant: _____

Address: _____

Telephone numbers: _____(Home) _____(Cell) _____(Work)

Email address: _____

Preferred method of communication:

I request that you use my email address or

certified or registered mail, return receipt requested, to my address listed above.

Complaint

Please describe the nature of your complaint, including dates, locations and persons involved. You should include references to the specific facts and circumstances at issue. Please reference any specific documents, provisions, statutes or regulations that support your complaint. Please provide copies of any referenced documents or provisions of the documents. If the space below is insufficient, please attach a separate sheet of paper to this form.

Submission of Complaint

Submit your complaint and all attachments via US Mail or hand-delivery using the address below:

Powhatan Place Community Association, Inc.
c/o Berkeley Realty Property Management, Inc.
150 Strawberry Plains Road, Ste. A-1
Williamsburg, VA 23188

Processing of Complaint

The Association will acknowledge receipt of your complaint, in writing, within seven (7) days after receiving your complaint. If you do not receive acknowledgement of your complaint, please notify the Association immediately. If the Association requires any additional information to process your complaint, you will be notified in writing, within (21) days of receipt of your completed Complaint Form. If the Association requests additional information you will have (10) days to deliver the additional information. The Board of Directors will notify you, in writing of the date, time and location that your complaint will be considered. After final determination is made, written notice of the decision will be sent to you. All notices will be sent to you by electronic mail or mailed by registered or certified mail, return receipt requested, as you have selected above. If you did not select a preferred method of communication, notices will be mailed to you by registered or certified mail, return receipt requested.

Notice of Final Adverse Decision

Pursuant to Va. Code Ann, § 54.1-2354.4 B, you have the right to file a notice with the Common Interest Community Board (the "CIC Board") if you receive an Adverse decision from the Association. An Adverse decision means the final determination issued by the Association pursuant to the Association's Complaint Procedure that is opposite of, or does not provide for, either wholly or in part, the cure or corrective action sought by the complainant. In accordance with Va. Code Ann. § 54.1-2354.4 B, (i) your notice must be filed with the CIC Board within thirty (30) days of the date of the final adverse decision; (ii) your notice shall be in writing on forms provided by the Office of the Common Interest Community Ombudsman; (iii) your notice shall include copies of all records pertinent to the decision; and (iv) your notice shall be accompanied by a \$25.00 filing fee. Please note that the CIC Board may, for good cause shown, waive or refund the filing fee upon a finding that payment of filing fee will cause undue financial hardship for the complainant. The notice shall be sent to the Common Interest Community Board, Department of Professional and Occupational Regulation, 9960 Maryland Drive, Suite 400, Richmond, VA 23233-1485. The phone number and email address for the Office of the Common Interest Community Board is (804) 367-2941 and cicombudsman@dpor.virginia.gov.

Required Signature

_____ **Date**

_____ **Printed Name**

_____ **Signature**

THIS PAGE FOR ASSOCIATION USE ONLY

Date Complaint Received: _____

Signature and Printed Name of Person Receiving Complaint:

Signature

Printed Name

Date Acknowledgment Sent to Complainant: _____ by email by U.S.Mail

Signature and Printed Name of Person Sending Acknowledgement:

Signature

Printed Name

Date of Decision of Board of Directors: _____

Date When Decision Sent to Complainant: _____

Signature and Printed Name of Person Sending Decision Complainant:

Signature

Printed Name