## Hampton Bay II Condominium Association

c/o The Select Group, Inc., 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, VA 23454 (757) 486-6000 Fax: (757) 486-6988 website: www.theselectgroup.us

## ASSOCIATION COMPLAINT FORM

Pursuant to Chapter 29 of Title 55 of the Code of Virginia, the Board of Directors ("Board") of the Hampton Bay II Condominium 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 decision by the Board, managing agent or association inconsistent with applicable laws and regulations.

| requested to the issues descricumstances at issue and the documents that support your | r complaint in the area provided be<br>ribed in your complaint. Please in-<br>the provisions of the laws and regulat<br>complaint. If there is insufficient span,<br>attach any supporting documents, c | clude references to the specific fa-<br>ions and applicable association go-<br>ace, please attach a separate sheet | acts and overning of paper |
|---|---|--|----------------------------|
| to your complaint.  | , attach any supporting documents, c  | orrespondence and other material   | s relateu                  |
|   |   |  |                            |
|   |   |  |                            |
| Sign, date and print your nar address listed on the bottom of                         | ne and address below and submit this of this letterhead.  | s completed form to the Association  | on at the                  |
| Print Name  | Signature   | Date   |                            |
| Mailing Address   |   |  |                            |
| Unit Address  |   |  |                            |
| Email   | Phone No  | Other  |                            |
| Contact Preference: Phon  | e Email   |  |                            |

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 \$25 filing fee. The Ombudsman may be contacted at:

Office of the Common Interest Community Ombudsman Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, VA 23233 804/367-2941 CICOmbudsman@dpor.virginia.gov