



CONDOMINIUM ASSOCIATION, INC.

c/o The Select Group, 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, Virginia 23454
(757) 486-6000 fax: (757) 486-6988 email: select@TheSelectGroup.us or www.theselectgroup.us

ASSOCIATION COMPLAINT FORM

Pursuant to Chapter 29 of Title 55 of the Code of Virginia, the Board of Directors (“Board”) of Arbor Brook Condominium Association (“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.

Legibly describe your complaint in the area provided below, as well as the action or resolution requested to the issues described in your complaint. Please include references to the specific facts and circumstances at issue and the provisions of the laws and 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 on the bottom of this letterhead.

Print Name _____ Signature _____ Date _____

Mailing Address _____

Unit Address _____

Email _____ Phone No. _____ Other _____

Contact Preference: Phone 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 Maryland Drive, Suite 400
Richmond, VA 23233
804/367-2941 CICOmbudsman@dpor.virginia.gov