

Please forward all pages (2) of the completed Association Complaint Form and all attachments for Board consideration to:

Atlantic Community Management
Attn: Brenda Kennedy, Association Manager
5520 Greenwich Rd., Suite 201
Virginia Beach, Virginia 23462
(757) 473-2626 Telephone
(757) 473-3020 Facsimile
Brenda@atlanticmgt.com

Should you need assistance in understanding your rights and the processes available to common interest community Members, you may contact Virginia's Office of the Common Interest Community Ombudsman ("CICO") for assistance. The CICO may be reached:

Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233
Telephone: (804) 367-2941
Email: CICOmbudsman@dpor.virginia.gov

Complainant's Rights Description required by § 55-530-E.2 of the Virginia Code

In accordance with Section 55-530.F of the Code of Virginia, as amended, an Association Complaint may give notice to Virginia's Common Interest Community Board (the "Board") of any final adverse decision in accordance with regulations promulgated by the Board. The notice shall be filed within 30 days of the final adverse decision, shall be in writing on forms prescribed by the Board, shall include copies of all records pertinent to the decision, and shall be accompanied by a \$25 filing fee. The fee shall be collected by the Director of Professional and Occupational Regulation and paid directly into the state treasury and credited to the Common Interest Community Management Information Fund, § 21 55-530.1. The Board may, for good cause shown, waive or refund the filing fee upon a finding that payment of the filing fee will cause undue financial hardship for the member. The Director shall provide a copy of the written notice to the Association that made the final adverse decision.

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This Block for Association Use Only:

Date Complaint Received by the Association's Manager: _____

Printed Name of Association Manager who received Complaint:

Signature of Association Manager to certify Date Complaint Received:

Date Complaint Reviewed by the Board of Directors: _____

Date Complaint Response forwarded to Complainant: _____

Printed Name of Person who prepared Response:

Signature of Person who prepared Response:

Please attach a copy of the Response to this Association Complaint Form.

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