The Association Complaint Form is to be used by members and residents of the association to challenge "adverse decisions" made against them by the association. This new complaint process is intended to address circumstances when a member or other person believes that the association, its Board of Directors and/or its community manager have acted contrary to the applicable laws or regulations of the Commonwealth of Virginia governing Common Interest Communities.

## Lake Barcroft Association, Inc. (703) 941-1927

Mailing: P.O. Box 1085, Falls Church, VA 22041

Delivery: 6425 Lakeview Dr., Falls Church, VA 22041

## ASSOCIATION COMPLAINT FORM (for Complaints Against Association, Board or Managing Agent)

Pursuant to Section 55-530(E) of the Code of Virginia, 1950, as amended, the Board of Directors ("Board") of the Lake Barcroft Association, Inc. ("the Association") has established this complaint form for use by persons who wish to register written complaints with the Association regarding the action, inaction or decision by the Association or its Board or managing agent inconsistent with applicable laws and regulations.

of the issues described in the compl and the provisions of Virginia laws a attach a separate sheet of paper to	aint. Include references to the spec nd regulations that support the cor this complaint form. Also, attach an s related to the complaint (not inclu	as the requested action or resolution ific facts and circumstances at issue inplaint. If there is insufficient space, by supporting documents, ading copies of laws, regulations or the
2. Sign, date & print your name and above address.	d address below and submit this cor	mpleted form to the Association at the
Printed Name	Signature	Date
	Mailing Address	
	Lot Address	
		Contact Preference: Phone
Email Address	Phone Number	

If, after the Board's consideration and review of the complaint, the Board issues a final decision adverse to the complaint, you have the right to file a notice of adverse decision with the Common Interest Community Board (CICB) in accordance with the regulations promulgated by the CICB. The notice shall be filed within 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, Dept. of Professional and Occupational Regulation, 9960 Maryland Drive, Suite 400, Richmond, VA 23233. (804) 367-2941 CICOmbudsmand@dpor.virginia.gov