

Southgate Square Cluster Association

Association Complaint Procedure

WHEREAS Southgate Square Cluster Association (the “Association”) is a common interest community subject to regulation by the Virginia Common Interest Community Board (“CICB”); and

WHEREAS common interest communities in Virginia are required by law and CICB regulations to establish rules for receiving and considering Complaints from members and other citizens concerning a matter regarding the action, inaction or decision by the governing Board, managing agent or Association inconsistent with applicable laws and regulations; and

WHEREAS the Association desires to implement a Complaint Procedure in accordance with Section 55-530 of the Code of Virginia and regulations adopted by the CICB;

THEREFORE, it is hereby resolved that the Association, acting by its Board of Directors, adopts the following Complaint Procedure.

I. Filing the Written Complaint.

A. A member of the Association, or other citizen, must register a Complaint in writing.

B. A sample of the “Association Complaint Form” is attached hereto as Exhibit A and must be used when filing a Complaint with the Association under these procedures.

C. The completed Complaint form with all supporting documents, correspondence, and other materials related to the Complaint, must be mailed or hand delivered to the Association’s management agent at GHA Community Management, 3020 Hamaker Court, Suite 300, Fairfax, Virginia 22031. Hand delivery of the Complaint shall be made during the management agents regular business hours, or mailed by registered or certified mail, return receipt requested, within thirty (30) days of the alleged act, or failure to act, which is the subject of the Complaint.

II. Receipt and Adequacy of the Complaint.

A. The Association shall provide written acknowledgment of receipt of the Association Complaint to the Complainant within seven (7) days of receipt. Such acknowledgment shall be hand delivered or mailed by registered or certified mail, return receipt requested, to the Complainant at the address provided on the Complaint form.

B. To the extent that the Complainant has knowledge of the law or regulation

applicable to the Complaint, the Complainant shall provide that reference, as well as the requested action or resolution. If it appears that the submitted Complaint is inadequate in any way, then the Association may provide notice of such to the Complainant. The notice should describe how the Complaint is inadequate and advise the Complainant of the need to submit a revised Complaint, or additional information before it can be forwarded to the Board for consideration. If it appears that the submitted Complaint includes the required information, the Managing Agent shall provide the Board of Directors with a copy of the Complaint for consideration.

III. Board Consideration of the Complaint.

A. The Board of Directors, or other hearing tribunal constituted by the Board, shall consider the Complaint within ninety (90) days of receipt of an adequate and completed Complaint, or under extenuating circumstances, as soon thereafter as may be reasonably possible.

B. Notice of the date, time, and location informing the Complainant when and where the matter will be considered shall be hand delivered or mailed by registered or certified mail, return receipt requested, to the Complainant at the address provided in the Complaint, at least fourteen (14) days prior to consideration by the Board.

C. If the Association has provided notice to the Complainant of the inadequacy of the Complaint as provided for in Section II B above, but if the Complainant does not submit a revised Complaint or additional information within thirty (30) days after such notice is sent, then the Association may consider the Complaint as submitted and make a final determination.

IV. Notice of Association Board/Hearing Committee Decision

A. After the final determination is made, the written notice of final determination shall be hand delivered or mailed by registered or certified mail, return receipt requested, to the Complainant at the address provided in the Complaint, within seven (7) days.

B. The notice of final determination shall be dated as of the date of issuance and include specific citations to applicable association governing documents, laws, or regulations that led to the final determination, as well as the CICB registration number of the association. The name and license number of the common interest community manager shall also be provided.

C. No further appeal process under this Association Complaint Procedure is available, and the decision rendered by the Association's Board or hearing tribunal may be considered a "final adverse decision" for purposes of this Complaint Procedure.

V. Notice of Final Adverse Decision to Common Interest Community Board.

A. The Complainant shall have the right to file a “Notice of Final Adverse Decision” with the Common Interest Community Board. A copy of a form for this purpose is attached hereto as Exhibit B. Additionally, attached as Exhibit C is a form entitled “Request for Waiver of Filing Fee”.

VI. Association Records.

A. A record of each Complaint shall be maintained for no less than one year after the Association acts upon the Complaint.

B. The Association Complaint Procedure must be readily available (upon request) to all members of the association and citizens.

C. The Association Complaint Procedure shall be included as an attachment to the association disclosure packet.

DULY ADOPTED THIS 1 DAY OF JULY, 2012, BY THE BOARD OF DIRECTORS.

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 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 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
Phone: (804) 367-2941
CICOmbudsman@dpor.virginia.gov



Notice of Final Adverse Decision

9960 Mayland Drive, Suite 400	Inquiries and Questions: (804) 367-2941
Richmond, VA 23233-1485	TDD: (804) 527-4290
E-Mail: cicombudsman@dpor.virginia.gov	Fax: (804) 527-4405
Website: www.dpor.virginia.gov	Hotline for Older Virginians: (804) 367-2178

A Complainant may give notice to the Common Interest Community Board via the Common Interest Community Ombudsman of any final adverse decision issued by a common interest community association.

As defined in regulation 18 VAC 48-70-20, a final adverse decision means the final determination issued by an association pursuant to an association 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. Such decision means all avenues for appeal have been exhausted.

*Any Notice of Final Adverse Decision must be filed within **30 DAYS** of the date of the final adverse decision. Notices of Final Adverse Decision must be complete at the time of filing.*

A complete Notice of Final Adverse Decision consists of:

- 1. a copy of the association Complaint;*
- 2. a copy of the final adverse decision;*
- 3. a reference to the laws and regulations the final adverse decision may have violated;*
- 4. any supporting documents, correspondence, and other materials related to the final adverse decision;*
- 5. a copy of the association Complaint procedure or form;*
- 6. any applicable association governing documents; and*
- 7. a filing fee or a request for waiver of filing fee.*

Anonymous Notices of Final Adverse Decision will not be accepted.

FEE FOR FILING A NOTICE OF FINAL ADVERSE DECISION

Complainant must submit a \$25.00 filing fee with the Notice of Final Adverse Decision. The Notice of Final Adverse Decision will not be considered complete until the filing fee has been received by the Department of Professional and Occupational Regulation. The Office of the Common Interest Community Ombudsman will not begin reviewing any Notice of Final Adverse Decision until it is complete.

WAIVER OF FILING FEE

The Common Interest Community 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 Complainant. A waiver form must be completed and submitted with the Notice of Final Adverse Decision. The Waiver Request form can be obtained at:

<http://www.dpor.virginia.gov/uploadedFiles/MainSite/Content/Boards/CIC/CICO%20Filing%20Fee%20Waiver%20Request%20Form.pdf>.

If a waiver is requested, the Common Interest Community Ombudsman will not review the Notice of Final Adverse Decision until the waiver has been granted or the Complainant has submitted a filing fee of \$25.00.

WHAT HAPPENS WHEN YOU FILE A NOTICE OF FINAL ADVERSE DECISION?

The Office of the Common Interest Community Ombudsman may request additional information from the association. The Office of the Common Interest Community Ombudsman will review the final adverse decision, and if the final adverse decision is in conflict with laws or regulations governing common interest communities or interpretations thereof by the Common Interest Community Board, the Common Interest Community Ombudsman may provide the Complainant and the association with information concerning such laws or regulations or interpretations thereof by the Common Interest Community Board.

The determination of whether the final adverse decision may be in conflict with Virginia laws or regulations or interpretations thereof by the Common Interest Community Board shall be a matter within the sole discretion of the Common Interest Community Ombudsman whose decision is final and not subject to further review. This determination shall not be binding upon the Complainant or the association.

NOTICE OF FINAL ADVERSE DECISION FORM INSTRUCTIONS

NOTE: Anonymity cannot be guaranteed. By law, all Notices of Final Adverse Decision and any accompanying documents received by the Department of Professional and Occupational Regulation are subject to public disclosure once a case is closed.

- ✓ Fill in Complainant information.
- ✓ Fill in the date of the final adverse decision
- ✓ Fill in the name, address, and telephone number(s) of the association.
- ✓ Include a copy of the association Complaint, the final adverse decision received from the association, the laws and regulations the final adverse decision may have violated, any supporting documents, correspondence, and other materials related to the final adverse decision, the association Complaint procedure, and any applicable association governing documents.
- ✓ Include a check in the amount of \$25.00 made payable to the Treasurer of Virginia.
- ✓ If a waiver of the filing fee is requested, include the Request for Waiver of Filing Fee along with the Notice of Final Adverse Decision.
- ✓ Sign and date the form at the bottom of the page.

Submit the completed form, supporting documents, correspondence, and other related materials to:

Department of Professional & Occupational Regulation
Office of the Common Interest Community Ombudsman
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485

The processing of the Notice of Final Adverse Decision will be conducted in a timely manner. The Complainant will be contacted if additional information is required and at the conclusion of the review. Thank you for your patience during the review process.



NOTICE OF FINAL ADVERSE DECISION

(PLEASE PRINT LEGIBLY OR TYPE)

NOTE: The Department cannot guarantee anonymity. By law, all complaints received by the Department are subject to public disclosure once a case is closed. Anonymous Notices of Final Adverse Decision will not be accepted.

COMPLAINANT INFORMATION

Name: _____

Mailing Address: _____

City, State, and Zip: _____

Phone: Home _____ Business _____ Cell _____

E-mail Address: _____

City/County: _____

Date of Final Adverse Decision: _____

ASSOCIATION INFORMATION

Name of the Association: _____

Contact Name: _____

Address: _____

City, State, and Zip: _____

Phone: Business _____ Cell _____ Other _____

E-mail Address: _____

Management Company (if applicable): _____

I understand this Notice of Final Adverse Decision will not be complete until I have submitted all required documents and the filing fee. A financial hardship waiver may be submitted in lieu of the filing fee, but this will delay review of my Notice of Final Adverse Decision and there is no guarantee that I will be granted the waiver.

Signature: _____ Date: _____



REQUEST FOR WAIVER OF FILING FEE

9960 Mayland Drive, Suite 400	Inquiries and Questions: (804) 367-2941
Richmond, VA 23233-1485	TDD: (804) 527-4290
E-Mail: cicombudsman@dpor.virginia.gov	Fax: (804) 527-4405
Website: www.dpor.virginia.gov	Hotline for Older Virginians: (804) 367-2178

WAIVER OF FILING FEE

The Common Interest Community 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 Complainant. A Request for Waiver of Filing Fee form must be completed and submitted with the Notice of Final Adverse Decision. If a waiver is requested, the Common Interest Community Ombudsman will not review the Notice of Final Adverse Decision until the waiver has been granted or the Complainant has submitted a filing fee of \$25.00.

Please complete the Request for Waiver of Filing Fee and submit the form and the completed Notice of Final Adverse Decision to:

*Department of Professional and Occupational Regulation
Office of the Common Interest Community Ombudsman
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485*



REQUEST FOR WAIVER OF FILING FEE

(PLEASE PRINT LEGIBLY OR TYPE)

NOTE: The Department cannot guarantee anonymity. By law, all Complaints received by the Department are subject to public disclosure once a case is closed. Anonymous Notices of Final Adverse Decision will not be accepted.

REQUESTOR

Name: _____

Mailing Address: _____

City, State, and Zip: _____

Phone: Home _____ Business _____ Cell _____

E-mail Address: _____

REASON FOR REQUEST

Please use this area to provide an explanation why paying the \$25.00 filing fee would cause you undue financial hardship:

I understand the Notice of Final Adverse Decision will not be complete until I have submitted all required documents and the filing fee. This Request for Waiver of Filing Fee may be submitted in lieu of the filing fee, but this will delay review of my Notice of Final Adverse Decision and there is no guarantee that I will be granted the waiver.

Signature: _____ Date: _____