Compliance Committee Complaint Form

First Name* _____

Last Name* _____

Address 1* _____

Address 2 _____

City/State/Zip* _____

Phone* _____

Email* _____

Preferred Method of Communication (Email or Regular Mail):

- ☐ Email
- ☐ Regular Mail

Please describe the nature of your complaint and cite any provisions of the Association documents or Virginia Laws or Regulations that is the basis for your complaint below (Use additional sheets if more space is required): *

Name and address (if known) of person or persons that are the subject of your complaint:

Please explain why any of the information requested above was not provided (if necessary):

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Please be advised that the Association may elect not to take action on any complaint which does not conform to the above referenced delivery requirements or include the requested information.

Upon receipt of your complete, written complaint, the Association will begin investigation. The Association will maintain a record of your complaint for a minimum of one (1) year from the date upon which it takes action, if appropriate, to resolve your complaint.

You must sign and date the form.

Signature of Complainant: *

Date: *

[To be completed by the Association representative only] Received By:

Date: