



Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, VA 23233-1485
cicbudsman@dpor.virginia.gov
www.dpor.virginia.gov

COMPLAINTS (804) 367-2941
VA RELAY 7-1-1
FAX (844) 246-2334
HOTLINE FOR OLDER VIRGINIANS (804) 367-2178

FINAL - DECEMBER 2019

COMMON INTEREST COMMUNITY COMPLAINT FORM

All complaints related to common interest communities (Property Owners' Associations, Condominium Unit Owners Associations, Proprietary Lessees' Associations (Cooperatives)) must first be submitted to the complainant's common interest community via the association's internal complaint process required by § 54.1-2345.4 of the Code of Virginia and The Common Interest Community Ombudsman Regulations.

A complaint can be submitted directly to the Office of the Common Interest Community Ombudsman only if it is related to a lack of a complaint procedure within the association, or a lack of response from the association once a complaint has been submitted. Any other complaint submitted to the Office of the Common Interest Community Ombudsman will be returned and no action will be taken.

If you have a complaint related to a manager or management company and it pertains to a violation of the Common Interest Community **Manager** Regulations, you may submit your complaint on the standard DPOR Complaint Form, found online at www.dpor.virginia.gov. If your complaint is related to a violation of common interest community laws or regulations by a manager or management company, your complaint should be submitted directly to your association utilizing the **internal complaint process**.

The following form must be completed in its entirety and submitted directly to the Office of the Common Interest Community Ombudsman via email to cicombudsman@dpor.virginia.gov, fax to (844) 246-2334, or U.S. mail to:

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NOTE: *The Department cannot guarantee anonymity. By law, all complaints received by the Department are subject to public disclosure once a case is closed. Therefore, if you wish to file a complaint anonymously, please do not include any personal information on the complaint form or in your supplemental documents.*

SECTION I - REQUIRED INFORMATION

COMPLAINT FILED BY	Name	_____		
	Mailing Address	_____ _____		
		City	State	Zip Code
	Contact Numbers	_____	_____	_____
		Primary Telephone	Alternate Telephone	Fax
	Email	_____		

COMPLAINT AGAINST	Association Name	_____		
	Association Contact Person	_____		
	Type of Association	<input type="checkbox"/> Condominium Unit Owners' <input type="checkbox"/> Property Owners' <input type="checkbox"/> Proprietary Lessees' (Cooperative)		
	Association Address	_____ _____		
		City	State	Zip Code
	Association Numbers	_____	_____	
		Primary Telephone	Alternate Telephone	
	Contact Person Email	_____		

SECTION II - COMPLETE ONLY IF APPLICABLE

MANAGER INFORMATION	Management Company Name	_____		
	Management Company Address	_____ _____		
		City	State	Zip Code
	Management Company Contact Numbers	_____	_____	
		Primary Telephone	Alternate Telephone	
	Management Company Email	_____		

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SECTION III - COMPLAINT STATEMENT

I wish to complain that my common interest community association has: (check one)

- Failed to adopt an internal complaint procedure.
- Failed to respond in a reasonable or appropriate time to my submitted complaint.

Please include a copy of any documentation that provides support for your complaint. Such documentation may include emails, letters, a copy of your association complaint process, or any other documents that support the allegations contained in this complaint.

SECTION IV - SIGNATURE

I understand that the sole purpose for submitting this complaint is to make the Office of the Common Interest Community Ombudsman aware of a violation of the Common Interest Community Ombudsman Regulations. Upon a review of the information contained in this complaint, and after confirming that the named common interest community is in violation of the CIC Ombudsman Regulations, the CIC Ombudsman, in conjunction with the Common Interest Community Board, will determine what action, if any, will be taken to resolve the violation. I also understand that the Office of the Common Interest Community Ombudsman will not accept or review any complaint that should have been submitted through the complainant's common interest community internal complaint process. I verify that the information provided is true to the best of my knowledge.

Signature _____ Date _____