

ASSOCIATION COMPLAINT FORM

Pursuant to Chapter 29 of Title 55 of the Code of Virginia, the Board of Directors ("Board") of the Owners Association of Bay Quarter Shores, Inc., has established this Association Complaint Form for use by persons who wish to file written complaints with the Association regarding the action, inaction or decision by the Board, managing agent or Association inconsistent with applicable laws and regulations.

This form may be sent to the Bay Quarter Shores by U.S. Mail to the address listed below:

Bay Quarter Shores, Inc.
1004 Bay Quarter Drive
Heathsville, VA 22473-2153

The telephone number of the Association to whom this form is to be directed is 804-580-9071

Your Name: _____

Your Mailing Address: _____

If you are an owner in the Association, please provide the address of the Association property owned:

_____ Your Contact Preference: Phone E-mail

Your E-mail Address; Your Phone Number; Other _____

Initial Here: > _____ if you would prefer to receive written communications regarding this matter by email rather than by certified mail or hand delivery.

Please legibly describe the Complaint in the area provided below, as well as the requested actions or resolutions of the issues described in the Complaint. Please include references to the specific facts and circumstances at issue and the provisions of applicable laws and regulations that support the Complaint. If there is insufficient space, please attach a separate sheet of paper to this

Complaint form. Please write legibly or type below and feel free to attach accompanying sheets. Also, please attach any supporting documents, correspondence and other materials related to the Complaint.

Complaint:

Requested Resolution:

Provisions of applicable laws and regulations that support the Complaint:

Printed Name

Signature

Date

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
804-367-2941
CICOmbudsman@dpor.virginia.gov