## COMPLAINT FORM CAMERON STATION COMMUNITY ASSOCIATION

[This form must be completed signed/dated on each page by the complainant]

| Name of Complainant(s):                          |                                       |   | _ |
|--|---------------------------------------|---|---|
| Address:   |                                       |   |   |
| Phone: (Home)                                    | (Work)                                | _ |   |
| (Mobile) (Email) _                               |                                       |   |   |
| Preferred method of communication:               |                                       |   |   |
| Please describe the nature of your complaint:    |                                       |   |   |
|  |                                       |   |   |
|  |                                       |   |   |
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|  |                                       |   |   |
|  |                                       |   |   |
| Date of Alleged Violation:                       |                                       |   |   |
| Time of Alleged Violation:                       |                                       |   |   |
| Location of Alleged Violation:                   |                                       |   |   |
| Name and address of persons that are the subject | ect of complaint:                     |   |   |
|  |                                       |   |   |
|  |                                       |   |   |
| Please explain why any of the requested inform   | ation was not provided if necessary.  |   |   |
| Trease explain why any of the requested inform   | acion was not provided, it necessary. |   |   |
|  |                                       |   |   |

Please deliver your complaint via United States Postal Service Mail, hand-delivery, electronic mail or facsimile to the Association using the following information:

Cameron Station Community Association, Inc. c/o Management Office 200 Cameron Station Blvd. Alexandria, VA 22304

Facsimile: (703) 567-4883 Phone Number: (703) 567-4881 residents@cameronstation.org

Be advised, 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 on this form.

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

## Please do not contact the Association's management or Board of Directors via telephone to submit or check the status of your complaint.

Instead, you may contact the Association in writing via United States Postal Service mail, hand-delivery, electronic mail or facsimile, using the above-referenced contact information.

Please note, the Office of the Common Interest Community Ombudsman ("Office"), is a governmental body, which may assist you in using the complaint procedures set forth in the Association's governing documents, as well as the Virginia Property Owners' Association Act. In accordance with the Common Interest Community Board's ("CIC Board") rules and procedures and Va Code § 55-530, you may give notice to the CIC Board of any final adverse decision which your Association may make regarding your complaint. For more information or to submit a complaint to the Common Interest Community Ombudsman, please contact the Office of the Common Interest Community Ombudsman at:

Cynthia Schrier
Department of Professional and Occupational Regulation
9960 Mayland Drive Suite 400
Richmond, Virginia 23233-1463
Office – 804-367-2941
Email cynthiaschrier@dpor.virginia.gov

| Please check this box to reflect your online signature and consent for the Cameron Station Community Association to utilize the form and all information reflected herein in furtherance of the fulfillment of its rights and obligations created by the Association's governing documents and Virginia Law. |
|--|
| Date:  |
|  |
| To be completed by Association representative only   |
| Received by:   |
| Title:   |
| Date:  |