

**Sundance Mountain South Association, Inc.**  
**Association Complaint Procedure**

**Purpose:** In accordance with the Virginia Code, the Department of Professional and Occupational Regulation (DPOR), and the Common Interest Community Board, the Board of Directors of Sundance Mountain South Association (“Association”) has approved the following written procedures to resolve complaints regarding violations of the Common Interest Community Law and the Property Owners Association Act (Virginia Code Section 55.1-1800 et seq.). This process is not applicable to complaints regarding internal association documents such as the Bylaws or Restrictive Covenants.

**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, may be emailed to [sundancemtsouth@gmail.com](mailto:sundancemtsouth@gmail.com) provided the sender retains sufficient proof of electronic delivery, hand delivered to an Association Board member (as listed on the Association’s website), or mailed to the current Secretary of the Association by certified mail, return receipt requested.

**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 sent by electronic means, provided the sender retains sufficient proof of the electronic delivery, or hand delivered or mailed by registered or certified mail, return receipt requested, to the Complainant at the address provided by the Complainant on the Complaint form.
- B. To the extent that the Complainant has knowledge of the Virginia 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 President, or other officer designated by the Board, 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 delivered by electronic means, provided the sender retains sufficient proof of the electronic delivery, or 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 delivered by electronic means, provided the sender retains sufficient proof of the electronic delivery, 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.
- 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 Ombudsman at the address provided on the complaint form, Exhibit A

#### **Association Records.**

- B. A record of each Complaint shall be maintained for no less than one year after the Association acts upon the Complaint.
- C. The Association Complaint Procedure must be readily available (upon request) to all members of the association and citizens.
- D. The Association Complaint Procedure shall be included as an attachment to the association disclosure packet.

DULY ADOPTED THIS 20th DAY OF January, 2022 BY

THE BOARD OF DIRECTORS

**Sundance Mountain South Association, Inc.**

[sundancemtssouth@gmail.com](mailto:sundancemtssouth@gmail.com)

**ASSOCIATION COMPLAINT FORM**

Pursuant to Chapter 29 of Title 55 of the Code of Virginia, the Board of Directors (Board) of the **Sundance Mountain South Association, Inc.**, (Association) has established this Complaint form for use by persons who wish to file written Complaints with the Association regarding the action, inaction or decision by the governing board, managing agent or association inconsistent with applicable Virginia laws and regulations.

Legibly describe the Complaint in the area provided below, as well as the requested action or resolution of the issues described in the Complaint. Please include references to the specific facts and circumstances at issue and the provisions of Virginia laws and regulations that support the Complaint. If there is insufficient space, please attach a separate sheet of paper to this Complaint form. Also, attach any supporting documents, correspondence and other materials related to the Complaint.

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Sign, date and print your name and address below and submit this completed form to the Association at the address listed above.

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Printed Name	Signature	Date
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Mailing Address

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Lot/Unit Address

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E-mail Address	Phone Number	Contact Preference	<input type="checkbox"/> Phone	<input type="checkbox"/> E-mail	
			<input type="checkbox"/> Other		

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](mailto: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: <a href="mailto:cicombudsman@dpor.virginia.gov">cicombudsman@dpor.virginia.gov</a>	Fax: (804) 527-4405
Website: <a href="http://www.dpor.virginia.gov">www.dpor.virginia.gov</a>	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 document; 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: <a href="mailto:cicombudsman@dpor.virginia.gov">cicombudsman@dpor.virginia.gov</a>	Fax: (804) 527-4405
Website: <a href="http://www.dpor.virginia.gov">www.dpor.virginia.gov</a>	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: \_\_\_\_\_