**Exhibit A**

**CHANCELLOR GREEN CIVIC ASSOCIATION, INC.**

**ASSOCIATION COMPLAINT FORM**

 As required by § 55-530 of the Code of Virginia, 1950, as amended, this Association Complaint Form is available to all members of Chancellor Green Civic Association, Inc.

 This Association Complaint Form must be completed and submitted to Chancellor Green Civic Association, Inc., c/o Rick Anderson, Chairman, at least five (5) business days prior to the next scheduled regular meeting of the Board of Directors in order to be reviewed at that meeting.

 The Board of Directors will provide a written response within seven (7) days of the meeting at which the Association Complaint Form was reviewed.

Complainant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Please provide full and complete information regarding your specific complaint on a separate page and attach it to this Association Complaint Form. Please include and/or attach copies of or specific references to all relevant or applicable provisions of the association’s governing documents (including but not limited to the Declaration of Covenants, Bylaws, Articles of Incorporation, Architectural Guidelines and/or any Rules and Regulations) and/or the Code of Virginia.**

Please forward the completed Association Complaint Form and all attachments to:

 **Chancellor Green Civic Association, Inc., c/o Rick Anderson, Chairman**

 Address: 816 Kilarney Drive Fredericksburg, Va. 22407

 Facsimile:

 Telephone: 540-205-3101

 For any assistance regarding your rights or this process, you may contact the **Office of the Common Interest Community Ombudsman** using the following current contact information (which is subject to change):

 Address: ***Department of Professional and Occupational Regulation, 9960 Mayland Drive, Suite 400, Richmond, VA 23233***

 Telephone: ***(804) 367-2941***

 Facsimile: ***(804) 490-2723***

 Email: ***CICOmbudsman@dpor.virginia.gov***

 In accordance with § 55-530(E) and (F) of the Code of Virginia, 1950, as amended, a Complainant may give notice to the Common Interest Community Board of the Department of Professional and Occupational Regulation of any final adverse decision in accordance with regulations promulgated by the Common Interest Community Board. The notice shall be filed within thirty (30) days of the final adverse decision, shall be in writing on forms prescribed by the Common Interest Community Board, shall include copies of all records pertinent to the decision, and shall be accompanied by a $25.00 filing fee. The fee shall be collected by the Director and paid directly into the state treasury and credited to the Common Interest Community Management Fund, § 55-530.1. 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. The Director of the Department of Professional and Occupational Regulation shall provide a copy of the written notice to the association that made the final adverse decision.

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**FOR ASSOCIATION USE ONLY:**

Date Complaint Form received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person who received Complaint Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person who received Complaint Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Complaint Form reviewed by Board of Directors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Written Response sent to Complainant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Decision Made or Action Taken by Board of Directors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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