

NOTICE OF FINAL ADVERSE DECISION

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 18 VAC 48-70-10, 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 internal appeal under the association complaint procedure 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:

- a copy of the association complaint;
- a copy of the final adverse decision;
- a reference to the laws and regulations the final adverse decision may have violated;
- any supporting documents, correspondence, and other materials related to the final adverse decision;
- a copy of the association complaint procedure or form;
- any applicable association governing documents, and
- 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 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 the Notice of Final Adverse Decision until the request is considered '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 online at www.dpor.virginia.gov/CIC-Ombudsman/Forms. 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 a filing fee of \$25 has submitted by the Complainant .

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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

1. Fill in the complaint information.
2. Fill in the date of final adverse decision.
3. Fill in the name, address and telephone number(s) of the association.
4. Include a copy of each of the following:
 - ✓ 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.
5. Include a check in the amount of \$25 made payable to the Treasurer of Virginia;
6. 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;
7. Sign and date the form at the bottom of the page.
8. 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

NOTE: *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.*

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.



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

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| Office Use Only |
| <input type="checkbox"/> \$25 Received |
| Staff Initials _____ |

Office of the Common Interest Community Ombudsman
NOTICE OF FINAL ADVERSE DECISION
Fee \$25.00*
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NOTE: *The Department cannot guarantee anonymity. By law, all Notices of Final Adverse Decision received by the Department are subject to public disclosure once a case is closed. Anonymous Notices of Final Adverse Decision will not be accepted.*

SECTION I - REQUIRED INFORMATION

| | | | | |
|--------------------------------|-------------------|----------------|----------|----------|
| COMPLAINANT INFORMATION | Name | _____ | | |
| | Mailing Address | _____ _____ | | |
| | | City | State | Zip Code |
| | Telephone Numbers | _____ | _____ | _____ |
| | | Home | Business | Cell |
| | Email Address | _____ | | |
| | City/County | _____ | | |
| Date of Final Adverse Decision | _____ | | | |

| | | | | |
|--------------------------------|------------------------|----------------|-------|----------|
| ASSOCIATION INFORMATION | Association Name | _____ | | |
| | Contact Name | _____ | | |
| | Address | _____ _____ | | |
| | | City | State | Zip Code |
| | Telephone Numbers | _____ | _____ | _____ |
| | | Business | Cell | Other |
| | Email Address | _____ | | |
| Management Company* | _____ | | | |
| | <i>* if applicable</i> | | | |

SECTION II - SIGNATURE

I understand that this Notice of Final Adverse Decision will not be complete until I have submitted all required documents and the filing fee. A 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 _____

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* A Complainant must submit a \$25 filing fee or a completed [Waiver of Filing Fee Request Form](#).