



## **Summers Landing HOA Complaint Form**

Summers Landing Homeowners Association

c/o Elite Community Management

11915 Main Street, Fredericksburg, VA 22408

Telephone: (540) 371-0652; Email: KPorter@elitecm.biz; FAX: (540) 371-0690

Pursuant to Section 55-530(E) of the Code of Virginia, 1950, as amended, the Board of Directors ("Board") of the Summers Landing Homeowners Association has established this complaint form for use by persons who wish to register written complaints with the Association regarding the action, inaction or decision by the Association or its Board or managing agent inconsistent with applicable laws and regulations.

1. Legibly describe your complaint in the area provided below, as well as the requested action or resolution of the issues described in the complaint. 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, attach a separate sheet of paper to this complaint form. Also, attach any supporting documents, correspondence and other materials related to the complaint (not including copies of laws, regulations or the Association's governing documents).

2. Sign, date & print your name and address below and submit this completed form to the Summers Landing Homeowners Association at the above address.

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**Signature**

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Date

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**Mailing Address (Please Print)**

**Mailing Address (Please Print)**

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### Lot/Unit Address

**Lot/Unit Address**

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Phone Number  Email Address (Please Print)

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Email Address (Please Print)

Contact Preference:  Phone  E-mail  Other:

>>> PLEASE SEE OTHER SIDE FOR ADDITIONAL INFORMATION <<<



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](mailto:CICombudsman@dpor.virginia.gov)

Last Revision: 1/22/2026