

# HERNDON WOODS

## HOMEOWNERS' ASSOCIATION

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### ASSOCIATION COMPLAINT FORM

Pursuant to Chapter 29 of Title 55 of the Code of Virginia, the Board of Directors ("Board") of Herndon Woods Homeowners' Association ("Association") has established this Association Complaint Form for use by persons who wish to file written complaints with the Association regarding the action, inaction, or decision by the Board, Managing Agent, or Association inconsistent with applicable laws and regulations.

This form may be sent to the Association

By U.S. Mail to: Herndon Woods HOA  
c/o TSG, Inc.  
P.O. Box 994  
McLean, VA 22101-0994

By email to: [management@tsgconstructions.com](mailto:management@tsgconstructions.com)

The telephone number of the Managing Agent to whom this form is to be directed is 703-356-1000.

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Your Name: \_\_\_\_\_

Your Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are an owner in the Association, please provide the address of the Association property owned: \_\_\_\_\_

Your Email address: \_\_\_\_\_

Your Telephone Number: \_\_\_\_\_

Your Contact Preference:  Email  Telephone  Other \_\_\_\_\_

Initial Here->\_\_\_\_\_ if you prefer to receive written communications regarding this matter by **email** rather than by certified mail or hand delivery. **By initialing you agree to send a confirmation of receipt by email to the sender.** Failure to do so may necessitate the Association sending written communication by certified mail or hand delivery in addition to email.

Please legibly describe the Complaint in the area provided below, as well as the requested actions or resolutions of the issues described in the Complaint. Please include references to the specific facts and circumstances at issue and the provisions of applicable laws and regulations that support the Complaint. If there is insufficient space, please attach a separate sheet of paper to the Complaint form. Please write legibly or type below and feel free to attach accompanying sheets. Also, please attach any supporting documents, correspondence and other materials related to the Complaint.

**Complaint:**

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**Requested Resolution:**

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**Provisions of applicable laws and regulations that support the Complaint:**

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***Printed Name***                      ***Signature***                      ***Date***

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 Maryland Drive, Suite 400  
Richmond, VA 23233  
804-367-2941  
[cicombudsman@dpor.virginia.gov](mailto:cicombudsman@dpor.virginia.gov)