



**CUCKOOS NEST ASSOCIATION
COMPLAINT PROCESS**
(To comply with Chapter 29 of Title 55-530 of the Virginia Code)

You must use this form to file a complaint. Please complete, sign and date this form and email to: info@cuckoosnestassociation.com or mail it via the United States Postal Service to P.O. box 207, Bumpass, Virginia 23024-0207.

Name of Complainant(s): _____

Mailing Address: _____ Lot # and Address: _____

Phone: (Home) _____ (Work) _____

(Mobile) _____ (Email) _____

Legibly describe the nature of your complaint, including relevant times, dates and locations that fall under the CNA HOA governing documents. Please annotate clearly the specific provision(s) of state law and or CNA regulations that you believe has been violated (please attach all documents and communications supporting your complaint- you may use additional pages):

Name and address of person(s) who are the subject of complaint:

Explain what you want the CNA to do in response to your complaint (be specific):

You must date and sign this form. Any Anonymous complaints will not be accepted.

Signature: _____ Date: _____

(The CNA will maintain a record of your complaint for one (1) year from the date upon which it makes a final decision regarding your complaint.)

To be completed by CNA representative only:

Received by: _____ Date _____