

**Ombudsman’s COMMON INTEREST COMMUNITY (CIC) INTERNAL COMPLAINT FORM**

**Insert Name of Common Interest Community Association**

**Insert Address and Telephone Number of Association or Managing Agent**

The Board of Directors (Board) adopted this complaint form to file written CIC Complaints with the Board about violations of the community’s Declaration, Certificate of Incorporation, Bylaws, Rules or policy of the Association, or applicable law.

**Instructions:** You can fill-in this form online at the Ombudsman’s website if you have Microsoft Word. Print two copies: one for you and one for the Board. You cannot save this document unless you have Word. Send your completed, signed copy of the complaint to the Board. Keep a copy for yourself.

**For each complaint, Please Answer these questions:**

1. **Describe your claim in a few words. (Examples: Denied access to records; Violation of bylaws…)**

**Please Enter Text Here**

1. **Name the document (the declaration, certificate of incorporation, bylaws, rule or law,) and the paragraph number violated. Please select all that apply. If “Other” please specify.**

[ ]  **Plat Plan**

[ ]  **Declaration**

[ ]  **Certificate of Incorporation**

[ ]  **Bylaws**

[ ]  **Rules**

[ ]  **Amendment to any Document**

[ ]  **DUCIOA- Delaware Uniform Common Interest Ownership Act**

[ ]  **Unit Property Act**

[ ]  **Delaware General Corporation Law**

[ ]  **Other- Please specify**

**Please Enter Text Here**

1. **Please quote the part of that section that anyone violated.**

**Please Enter Text Here**

1. **Explain in what way anyone violated the section, in the order things happened, starting at the beginning.**

**Please Enter Text Here**

1. **Describe, explain and attach any documents or other evidence that supports your claim**.

**Please Enter Text Here**

1. **Please describe what you want to the board to do to solve your complaint.**

**Please Enter Text Here**

1. **Please list anything else important to know about your complaint?**

**Please Enter Text Here**

Please sign, date, and print your name and address below, and send this completed form to the Board at the address listed above.

Printed Name: **Please Enter Text Here** Date: **Please** **Click Here to Enter a Date**

Signature: ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Mailing Address: **Please Enter Text Here**

Lot/Unit Address: **Please Enter Text Here**

Your Contact Preference: **Please Choose an Item**

Your Telephone Number: **Please Enter Text Here**

Your Email Address: **Please Enter Text Here**

Other: **Please Enter Text Here**

**NOTICE:**

If the Board issues a final decision denying your CIC Complaint, or if the Board does not respond to it after 20 days, you have the right to file a Notice of Final Adverse Decision with the Common Interest Community Ombudsperson under to 29 *Del. C*. §2544 (9), (10).

The notice to the Ombudsperson:

* must be filed within 30 days of the Final Adverse Decision (unless waived by the Ombudsperson for good cause);
* must be in writing on the Ombudsperson’s ‘Contact/COMPLAINT’ form (available on the website of the Ombudsperson or by calling the number below). Fill out the “Contact/COMPLAINT” form completely;
* must include the complete CIC Internal Complaint with attachments;
* must include a copy of the Board’s written decision;
* must include copies of any “Required Information”[[1]](#footnote-1) listed in the Contact/COMPLAINT form and supporting documents, correspondence and other materials related to the decision; and
* must enclose the $35 filing fee[[2]](#footnote-2) (unless waived by the Ombudsperson for good cause).

You may contact the Office of the Ombudsperson through:

Delaware Department of Justice

Office of the Common Interest Community Ombudsperson

820 N. French Street

Wilmington, DE   19801

Tel: (302) 577-8600

email: CIC.OmbudsmanDOJ@state.de.us

**I caused this CIC Internal Complaint and all attached documents to be delivered to the Board / Respondent at the address provided by the Respondent on Please Click Here to Enter a Date at Please Choose a Time by the following method of delivery: Please Choose and Item If Selected Options 7 or 8. Please Specify Here**

I made and kept a record of how I delivered the complaint to the Board.

Your Name: **Please Enter Text Here**

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: **Please Click Here to Enter a Date**

1. 29 *Del. C.* §2545 (a) [↑](#footnote-ref-1)
2. 29 *Del. C.* §2544 (15) [↑](#footnote-ref-2)