



COMPLAINT - FORM 1A

File No. _____

For CACM Use Only

File No. _____

Date Received _____

Complainant _____

Respondent _____

INSTRUCTIONS

This Complaint – Form 1A may only be filed by a majority vote of a Board of Directors of a Common Interest Development (CID) owners’ association board against a CACM manager member. To have your complaint reviewed by the Professional Standards Committee of the California Association of Community Managers, Inc. (PSC), carefully complete all information requested in this form and attach supporting documentation. You may also review the “Example Form 1A” located on <http://www.cacm.org> to assist you in appropriately filling out this form. Thoroughness is extremely important.

CACM suggests that you obtain a copy of CACM’s Code of Professional Ethics and Standards of Practice (CODE), and Disciplinary and Appeals Procedures (DAP) found on <http://www.cacm.org>.

REQUIRED ITEMS (Exhibits 1-3, fee)

1. STATEMENT OF FACTS, i.e., a narrative statement explaining the details and circumstances of the alleged violation(s), including specific section(s) of the CACM CODE allegedly violated, and any supporting documentation, attached to this Form 1A as Exhibit 1.
2. WRITTEN RESOLUTION, approved at a lawful meeting of the board of directors, and signed by a majority of the board authorizing submission of this Complaint against a CACM manager member, attached to this FORM 1A as Exhibit 2.
3. ALL BOARD MEMBER NAMES, email address, whether they were present or absent at the lawful meeting approving the submission of this Complaint, and the actual vote of each Board member, attached to this FORM 1A as Exhibit 3.
4. Submission of the required filing fee of \$1,000 made out to California Association of Community Managers, Inc. or CACM. This filing fee is non-refundable.

Name of Complainant (CID Board of Directors) _____

Address _____

Email Address of Point of Contact _____

Telephone _____

Date Submitted _____

PLEASE SEND ALL DOCUMENTATION ELECTRONICALLY, RETURN RECEIPT REQUESTED, TO:

pkurzet@cacm.org
Attn: President & CEO - confidential

California Association of Community Managers, Inc.

23461 South Pointe Drive, Suite 200, Laguna Hills, CA 92653 | info@cacm.org | 949.916.2226 | www.cacm.org

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If electronic transmission is not available to you, please submit documentation by way of certified or registered mail or traceable overnight delivery, marked PERSONAL AND CONFIDENTIAL to:

California Association of Community Managers, Inc.
Attn: President & CEO
23461 South Pointe Dr., Ste. 200
Laguna Hills, CA 92653

THIS COMPLAINT IS FILED AGAINST:

Manager Member Name _____

Company or Association _____

Address _____

Email Address _____

Telephone _____

ATTESTMENT AND AUTHORIZATION

I (name) _____, (title) _____ hereby attest that I have been given the authorization by the CID Board of Directors to submit this Complaint, and hereby acknowledge and attest that by signing this formal complaint, I shall act, or act on behalf of the complainant, and hereby agree to cooperate with the PSC in its investigation of alleged violations and further agree to participate in the hearing process, if so requested by the PSC, and further attest that this formal complaint has been approved by a majority of the association’s board of directors.

I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal penalties.

Board Member Name / or Manager Name	Signature	Title	Date

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EXHIBIT 1

STATEMENT OF FACTS

Narrative statement explaining the details and circumstances of the alleged violation(s), including specific section(s) of the CACM CODE allegedly violated, and any supporting documentation.

(A SEPARATE SHEET MAY BE USED)

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EXHIBIT 2

WRITTEN RESOLUTION

Written resolution approved at a lawful meeting of the board of directors, and signed by a majority of the board authorizing submission of this Complaint against a CACM manager member.

(A SEPARATE SHEET MAY BE USED)

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EXHIBIT 3

- 1) Please indicate the total number of Board members of your CID: _____
- 2) Please provide the name of each Board member, email address of each Board member, and indicate the presence or absence of each Board member and the vote of those present at the lawful meeting approving submission of this Complaint.

Board Member Name	Email Address	Present	Absent	Vote (yes, no, abstain)

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