

WVCA Complaint Response Form

Today's Date: _____

Section 1 — Responding Party Information

Name: _____

Position/Role (if applicable): _____

Mailing Address:

Phone Number: _____

Email Address: _____

Section 2 — Response to Allegations

Please respond to the allegations outlined in the complaint.

Attach additional pages if necessary.

Section 3 — Supporting Documentation

Emails Photos Witness Statements Meeting Minutes Financial Records

Social Media Screenshots Video/Audio Evidence Other: _____

Section 4 — Witnesses

Witness Name | Contact Information

Section 5 — Requested Outcome

Section 6 — Certification

I certify that the information provided in this response is true and correct to the best of my knowledge.

Signature: _____

Printed Name: _____

Date: _____

Association Use Only

Date Received: _____

Received By: _____

Response Accepted Additional Information Requested Hearing Scheduled Referred to Legal Counsel