

# CONSUMER COMPLAINTREERM

Office of the Indiana Attorney General

## MAR 1 9 2010

To prevent delay, please be sure to complete both sides of this form in full. Please print clearly or type. DO NOT denue your Social Security Number on this form or in any accompanying documents.

1. YOUR INFORMATION	2. WHO IS YOUR COMPLAINT AGAINST?						
🖾 Mr. 🗌 Mrs. 🗋 Miss 🗍 Ms. 🗍 Dr.	Name/Firm The Harbours Condominium Homes Assoc. Inc.						
Name Walter K. Kindler	Kevin Zipperle, Board President & Cindy Richards						
Address 1 Riverpointe Plaza - Unit 619	Address 1 Riverpointe Plaza						
City Jeffersonville State Indiana							
ZIP 47130 County Clark	City Jeffersonville State Indiana						
Age 🛛 18-24 🗆 25-34 🗔 35-44 🗖 45-54 🖾 55-64 🖾 65+	ZIP 47130 County Clark						
Phone (812) 218-0868 Day	Phone (812) 288-1100						
(812) 218-0868 Evening E-mail							
E-mail_wkkindler9@yahoo.com	Person you dealt with The Board President & Managing Agent						
3. WHEN DID TRANSACTION/INCIDENT OCCUR?	Date See Attachment Time AM PM						
4. WHERE DID THE TRANSACTION/INCIDENT YOU ARE COMPLAININ	IG ABOUT TAKE PLACE? (Check box when applicable)						
At the firm's place of business	By Mail						
☐ My home	By Internet/e-mail						
Away from the firm's place of business (work, convention, etc.) Other	☐ By telephone						
5. WHAT WAS THE VERY FIRST CONTACT BETWEEN YOU AND THE F	FIRM?						
I telephoned the firm	I went to the firm's place of business						
I responded to a TV/radio ad A person came to my home	I received a telephone call from the firm I responded to an offer on the Internet						
□ I received information by e-mail	□ I responded to a printed advertisement						
I received information in the mail	S Other Board Meetings & Board E-Mailings						
6. DO YOU CONSENT TO DISCLOSING THE FOLLOWING TO THE PUBL	IC? 7. WHAT WAS THE TRANSACTION FOR?						
The nature and status of your complaint and the name of the firm? Yeu Your name?	No My business						
	⊠No □ My farm						
8. HOW DID YOU PAY?							
Cash Credit Card Medicaid	Private Insurance						
Check Installment Loan Medicare	Other Homeowner Assoc. Fees						
9. DID YOU SIGN ANY WRITTEN AGREEMENT? IF YES, PLEASE ATTACH A COPY OF THE AGREEMENT.							
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PL MO NL N	ы <u>-ср-</u>						

### 10. HAVE YOU COMPLAINED TO THE BUSINESS? (Check box when applicable)

When? July, 2009

Action taken? Complained at Board of Directors Meetings

and Board E-Mailings

### 11. WITH WHAT OTHER AGENCY HAVE YOU FILED THIS COMPLAINT?

When?

Action taken?

### **12. HAVE YOU CONTACTED A PRIVATE ATTORNEY?**

### 13. HAVE YOU STARTED A COURT ACTION? IF YES, PLEASE ATTACH A COPY OF ALL COURT PAPERS.

14. HAVE YOU BEEN SUED OVER THIS ISSUE? IF YES, PLEASE ATTACH A COPY OF ALL COURT PAPERS.

### 15. DOLLAR AMOUNT ASSOCIATED WITH YOUR LOSS. IF ANY. \$ 3,000 +/-

### 16. PLEASE DESCRIBE YOUR COMPLAINT IN DETAIL (ATTACH ADDITIONAL PAGES IF NECESSARY)

Please attach a copy of all papers involved (order blank, warranty, credit card receipt and statement, involce, contract or written agreement, advertisement, cancelled check, correspondence and all other related documents). Please print clearly or type. DO NOT INCLUDE YOUR SOCIAL SECURITY NUMBER.

The Harbours Condominium Homes Assoc. Inc. hired a temporary employee on July, 2009 for special duties without the approval of the Board of Directors. The position and salary of the employee were also not included in the Annual Budget or approved by the Co-Owners. The Board President & Harbours' Managing Agent/Community Director also did not consult with the Board nor did they provide the Board any information related to the employee including: Her full name, her salary, her background & experience, and her duties & responsibilities related to the position. The employee hiring and the Board President's operational decisions to justify the hiring (see attached 7-23-2009 Board e-mail) are in violation of The Harbours Condominium Association's Code of By-Laws which indicate the Duties and Powers of the Board of Directors and Office of the President (see copy of related Harbours By-Laws).

The Harbours Board of Directors and Co-Owners were not provided detailed expenses related to employee bonuses. The Harbours 2 Condominium Association's Annual Budgets include amounts for employee bonuses. However the Board has never revealed or voted to approve a bonus for any specific employee nor the bonus amount paid to any employee at Board meetings or on written statements. This is in violation of The Harbours Condominium Association's Code of By-Laws which indicate the Duties of Board of Directors related to preparing a full accounting of all expenses incurred.

### 17. HOW WOULD YOU LIKE YOUR COMPLAINT RESOLVED?

Develop a formal document that indicates the duties and responsibilities of the Board President and Managing Agent of The Harbours Condominiums. Provide the Board of Directors and Co-Owners a full accounting and audit of all expenses incurred related to all employees.

### **18. CONSENT AND VERIFICATION**

I affirm, under the penalties for perjury, that the foregoing representations, and those in all attachments, are true. The information I have provided in this complaint form is based upon my personal knowledge. I consent to the Consumer Protection Division obtaining or releasing any information in furtherance of the disposition of this complaint. I understand that I should not include my Social Security Number in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number, I expressly consent to the disclosure of my Social Security/Number in accordance with Indiana Code § 4-1-10-5(2).

Your Signature

### WHAT WILL HAPPEN NOW? WHAT ELSE SHOULD YOU DO?

The Consumer Protection Division will send a copy of your complaint to the respondent firm or licensed professional. This office cannot disclose your complaint against a licensed professional to the public unless this office files a disciplinary action against the licensed professional. This office represents the State of Indiana and is limited in the remedies it can pursue. You may be entitled to compensation or other rights that we cannot pursue for you. In addition to filing this complaint, you may want to consider contacting a private attorney or your local small claims court.

MAIL COMPLETED FORMS TO:

2010

Attorney General Greg Zoeller **Consumer Protection Division** Government Center South, 5th floor 302 West Washington Street Indianapolis, IN 46204 PH: 317-232-6330 · FAX: 317-233-4393 www.IndianaConsumer.com

Yes

Yes

TYes

X Yes TNO

XNo

XNo

XINO

Date



## CONSUMER COMPLAINTEFORM

Office of the Indiana Attorney General

MAR 1 9 2010

ATTORNEY GENERAL OF INDIANA

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1. YOUR INFORMATION	2. WHO IS YOUR COMPLAINT AGAINST?					
□Mr. ⊠Mrs. □Miss □Ms. □Dr.	Name/Firm The Harbours Condominium Homes Assoc. Inc.					
Name Helen Ryan Kindler	The Board President & Assistant Community Dir.					
Address 1 Riverpointe Plaza - Unit 619	Address 1 Riverpointe Plaza					
City Jeffersonville State Indiana						
ZIP 47130 County Clark	City Jeffersonville State Indiana					
Age 18-24 25-34 35-44 45-54 55-64 65+	ZIP 47130 County Clark					
Phone (812) 218-0868 Day	Phone (812) 288-1100					
(812) 218-0868 Evening	E-mail					
E-mail hryank89@yahoo.com	Person you dealt with Board President & Board of Directors					
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6. DO YOU CONSENT TO DISCLOSING THE FOLLOWING TO THE PUE	BLIC? 7. WHAT WAS THE TRANSACTION FOR?					
	YesNoMy businessYesXi NoXi My family/householdYesXi NoMy farm					
8. HOW DID YOU PAY?						
Cash Credit Card Medicaid						
Check Installment Loan Medicare	XOther Homeowner Assoc. Fees					
9. DID YOU SIGN ANY WRITTEN AGREEMENT? IF YES, PLEASE ATTACH A COPY OF THE AGREEMENT.						
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	NJ OA: Inv. Sec File #					

### 10. HAVE YOU COMPLAINED TO THE BUSINESS? (Check box when applicable)

When? February & March, 2010

Action taken? <u>Complaint filed with the Board of Directors and</u> Board E-Mailings

	**************************************	the state of the s								
11.	WITH WHAT	OTHER	AGENCY	HAVE	YOU	FILED	THIS	COMPL	AINT?	

When?

Action taken?

### 12. HAVE YOU CONTACTED A PRIVATE ATTORNEY?

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On February 25, 2010 Mrs. Norma Stivers, the Assistant Director of The Harbours Condominiums and I had a dispute over a piece of exercise equipment that she was using in our Fitness Center. During the incident, Mrs. Stivers telephoned the Jeffersonville Police and claimed in the police report that I had threatened her - which I strongly deny. A Fitness Center surveillance camera recorded the incident and my husband, Walter Kindler, was able to to view the video tape on March 3, 2010. While reviewing the tape he did not see any criminal activity or threatening actions on my part to justify contacting the police. Tlater contacted the police and the Mayor of Jeffersonville regarding the incident (see attached e-mail and letter). The Police Report was revised on 3/12/2010 to state that I did not threaten Mrs. Stivers. This incident should have been resolved in-house without calling the police.

Since the incident, the President of the Board of Directors (who also viewed the video tape with my husband), has e-mailed the Board and requested that I be removed from a committee and provided them with misinformation regarding my conduct - without allowing me to present my side of the story (see attached Board e-mail messages).

In response, I have filed a formal complaint to the Board of Directors regarding the employee justification for denying me the use of the exercise equipment, contacting the police, and providing false information to a police officer (see attached complaint). I feel Mrs. Stivers and the Board President's actions were made to intimidate me and as a reprisal for a previous complaint against Mrs. Stivers.

### 17. HOW WOULD YOU LIKE YOUR COMPLAINT RESOLVED?

Have the Harbours Board of Directors review my complaint and develop a policy that would prevent employees from contacting the police to resolve minor disputes - that could be settled in-house. Also develop a policy regarding an employee's use of community facilities and equipment that are paid for with the homeowner's association fees.

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Date

Your Signature

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MAIL COMPLETED FORMS TO:

Attorney General Greg Zoeller Consumer Protection Division Government Center South, 5<sup>th</sup> floor 302 West Washington Street Indianapolis, IN 46204 PH: 317-232-6330 • FAX: 317-233-4393 www.IndianaConsumer.com

X Yes No

XINO

XNo

XNO

**Yes** 

□ Yes

TYes