

#### OFFICE OF THE INDIANA ATTORNEY GENERAL

CONSUMER PROTECTION DIVISION
302 W. WASHINGTON STREET, 5TH FLOOR • INDIANAPOLIS, IN 46204-2770
www.IndianaConsumer.com

PHONE: 317.232.6330 FAX: 317.233.4393

INDIANA ATTORNEY GENERAL
April 14, 2010

GREG ZOELLER

Harbours Condominium Association One Riverpointe Plaza Jeffersonville, IN 47130

RE:

File No. 10-CP-54001

In the Matter of Paul Ranney vs. Harbours Condominium Association

Dear Harbours Condominium Association:

Enclosed is a copy of a Consumer Complaint received by the Professional Licensing & Homeowner Protection Unit. Indiana law requires the Unit to investigate complaints against licensed professionals, deceptive acts in connection with mortgage lending, and violations of Indiana's Home Loan Practices Act. You are required to respond in <u>writing</u> to the allegations set forth in the Consumer Complaint within twenty (20) days of the date on this letter. Your response cannot be taken via telephone.

Please include the following information in your response:

- 1. The file number shown above;
- 2. My name, Sally L Miller;
- 3. Your explanation of what happened;
- 4. A copy of all documents relating to the transaction at issue.

Our experience shows that many complaints result from misunderstanding and poor communication. Your prompt reply is required for our investigation and the resolution of this complaint. You may mail it to the address shown above or fax it to my attention at (317) 233-4393.

Sincerely,

Sally L Miller

Investigator

sally.miller@atg.in.gov

Sally Miller

Enclosures(s)



### CONSUMER COMPLAINT FORM

Office of the Indiana Attorney General

MAR 22 2010

|               | UR INFORMATION  |              | 2. WHO IS YO   | UR COMPLAINT                        | AGAINST?        | ,                                      |
|---------------|---|--------------|----------------|-------------------------------------|-----------------|--|
|               | Mr. Mrs. Miss Ms. Dr.   |              |                | laudia Orsborn:                     |                 |  |
| a             | DAUL PANNEY   |              | _ <u>B</u>     | oard Member Ha                      | rbours Homeowne | ers Associatio                         |
| đι            | s 618 W RIURI25102 1  |              | Address 1 Riv  | verpointe Plaza                     |                 |  |
| it            | JAFF State I  |              | #701           |                                     |                 |  |
| F             | 47/30 County CLARK  |              | City Jeffersor | nville                              | State           | <u>In</u>                              |
| <b>]</b> {    | $\Box$ 18-24 $\Box$ 25-34 $\Box$ 35-44 $\Box$ 45-54 $\Box$ 55-64 $\Box$ 65+ |              | ZIP 47130      |                                     | County Clark    | <u> </u>                               |
| ]{            | (8/2) 284-2375 Day  |              | Phone ( )      |                                     |                 |  |
|               | Evening   |              | E-mail_claudia | aorsborn@insigh                     | tbb.com         |  |
| - (           |   |              | Person you de  | alt with Claudia                    | Orsborn         |  |
| <b>-</b><br>- | HEN DID TRANSACTION/INCIDENT OCCUR?   | Da           | ite various    | Time                                | AM              | PM 🗆                                   |
| <br>-         | HERE DID THE TRANSACTION/INCIDENT YOU ARE COMPL                             | AINING       | ABOUT TAKE     | PLACE? (Check                       | box when applic | able)                                  |
| 7             | the firm's place of business  |              | ☐By Mail       |                                     |                 |  |
| ]             | nome  |              | ☐ By Internet  | /e-mail                             |                 |  |
| ]             | ray from the firm's place of business (work, convention, etc                | C.)          | ☐ By telepho   | ne                                  |                 |  |
|               | er Board of Directors Executive Closed Meeting                              |              |                |                                     | <u> </u>        | _ /, <u></u>                           |
| •             | HAT WAS THE VERY FIRST CONTACT BETWEEN YOU AND                              | THE FIR      | M?             |                                     |                 |  |
| 7             | ephoned the firm  |              | ☐ I went to th | ne firm's place o                   | f business      |  |
|               | -sponded to a TV/radio ad   |              |                | a telephone call                    |                 |  |
|               | erson came to my home   |              | _              | d to an offer on t                  |                 |  |
|               | ceived information by e-mail ceived information in the mail                 |              | •              | d to a printed ad rd of meeting, Fe |                 |  |
| į             | dived information in the man  |              | NOUTCH DOLL    | 1001113,                            |                 |  |
| . ,           | YOU CONSENT TO DISCLOSING THE FOLLOWING TO THE                              | PUBLIC       | ?              | 7. WHAT W                           | AS THE TRANSAC  | TION FOR?                              |
| ,             | ture and status of your complaint and the name of the firm?                 | <b>X</b> Yes | □No            | ☐ My busir                          |                 |  |
|               | ame?  | X Yes        | □No            | 1                                   | y/household     |  |
|               | none number?  | <b>⋉</b> Yes | No             | My farm                             |                 | ······································ |
| ٠٠,           | W DID YOU PAY?  |              |                |                                     |                 |  |
| İ             | ☐ Credit Card ☐ Medicai   | id           |                | ite Insurance                       |                 |  |
| 1             | Installment Loan Medica   | re           | <b>⊠</b> 0the  | r Association Du                    | ies             | ······                                 |
|               |   |              | A CODV OF T    | UE ACDEEMENT                        | T TYP           | e DNo                                  |
|               | O YOU SIGN ANY WRITTEN AGREEMENT? IF YES, PLEASE                            | : ATTACH     | IA GUPT UF I   | UE MOUEFIMEIA                       | <b>!.</b> ⊢ ; ∨ | Q [1140                                |

| 10. HAVE YOU COMPLAINED TO THE BUSINESS? (Check box when applicable  | Yes No  |
|--|---|
| Action taken?  |   |
| Wh : ?   |   |
| 11. WITH WHAT OTHER AGENCY HAVE YOU FILED THIS COMPLAINT?  |   |
| Wh ? Action taken?   |   |
|  | ☐ Yes ZNo   |
| 12. HAVE YOU CONTACTED A PRIVATE ATTORNEY?   | ALL COURT PAPERS. Yes XNo   |
| 13. HAVE YOU STARTED A COURT ACTION? IF YES, PLEASE ATTACH A COPY OF A   | EALL COURT PAPERS.  See No.   |
| 14. HAVE YOU BEEN SUED OVER THIS ISSUE? IF YES, PLEASE ATTACH A COPY O   | FALL COURT FAIR LAND  |
| 15. OOLLAR AMOUNT ASSOCIATED WITH YOUR LOSS, IF ANY. \$  | - OFO IF AIFOFOCADV   |
| 16. PLEASE DESCRIBE YOUR COMPLAINT IN DETAIL (ATTACH ADDITIONAL PA   | AGES IF NEUESSART)  |
| Ple: attach a copy of all papers involved (order blank, warranty, credit card receipt and statement che correspondence and all other related documents). Please print clearly or type. DO NOT INCL   | it, invoice, contract or written agreement, advertisement, cancolled UDE YOUR SOCIAL SECURITY NUMBER.   |
| See additional attachments.  Claudia Orsborn, a member of The Harbours Homeowners Association Board of Department of Statistics of Proceedings of Statistics of Processing Office of Processing Office of Pro | to Association members by the President Kevin Zippene of not perform her fiduciary duty as a member of the Board sociation's funds for the repair of their privately owned Peter Steen. It is evident that Ms. Orsborn was not using of the police report that was submitted by Kenneth Quiggins that Quiggins suspects performed the alleged vandalism on arbours on these vehicles. Ms. Orsborn should not have |
| 18. CONSENT AND VERIFICATION   |   |
| l al m. under the penalties for perjury, that the foregoing representations, and the provided in this complaint form is based upon my personal knowledge. I consider the sing any information in furtherance of the disposition of this complaint. I under in any information submitted to the Consumer Protection Division. If I do to disclosure of my Social Security Number in accordance with Indiana Code  | nderstand that I should not include my Social Security o provide my Social Security Number, I expressly consent   |
| You Signature  | MAIL COMPLETED FORMS TO:  |
| WHAT WILL HAPPEN NOW? WHAT ELSE SHOULD YOU DO?   |   |
| The onsumer Protection Division will send a copy of your complaint to the research firm or licensed professional. This office cannot disclose your complaint against the licensed professional to the public unless this office files a disciplinary against the licensed professional. This office represents the State of Indiana limited in the remedies it can pursue. You may be entitled to compensation or a grights that we cannot pursue for you. In addition to filing this complaint, you   | 302 West Washington Street Indianapolis, IN 46204   |

Rec 411-09

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## CONSUMER COMPLAINT EQRM

Office of the Indiana Attorney General

MAR 22 2010

| 1. UF   | RINFORMATION  | 2. WHO IS YOUR COMPLAINT AGAINST?  |
|---|---|--|
|   | Mr. Mrs. Miss Ms. Dr.   | Name/Firm William T. Roberts:  |
| Na  | Paul Ramney   | Board Member Harbours Homeowners Association   |
| Adc 5s  | 618 W Riverside Du  | Address 1 Riverpointe Plaza  |
| Cit <sup>-</sup>  | Jeff State  | #908   |
| ZIP   | 47430 County C/all  | City Jeffersonville State In   |
| Ag: [   | ]18-24  | ZIP 47130 County Clark   |
| Ph:   | 812) 284-2375 Day   | Phone ( )  |
| (   | Evening Evening   | E-mail   |
| E-I   |   | Person you dealt with William T. Roberts   |
| 3. ⊢EI  | N DID TRANSACTION/INCIDENT OCCUR?   | Date various Time AM PM  |
| 4. HEI  | RE DID THE TRANSACTION/INCIDENT YOU ARE COMPLAIN  | ING ABOUT TAKE PLACE? (Check box when applicable)  |
| <del>-</del>  | e firm's place of business  | ☐ By Mail  |
| []  | iome  | By Internet/e-mail   |
|   | y from the firm's place of business (work, convention, etc.)  r Board of Directors Executive Closed Meeting   | ☐ By telephone   |
|   |   |  |
| i. HA   | T WAS THE VERY FIRST CONTACT BETWEEN YOU AND THE  | FIRM?  |
| <del></del>   |   |  |
|   | phoned the firm   | ☐ I went to the firm's place of business   |
|   | phoned the firm<br>conded to a TV/radio ad  | □ I went to the firm's place of business □ I received a telephone call from the firm   |
|   | phoned the firm<br>conded to a TV/radio ad<br>cson came to my home  | ☐ I went to the firm's place of business   |
|   | phoned the firm<br>conded to a TV/radio ad  | <ul> <li>☐ I went to the firm's place of business</li> <li>☐ I received a telephone call from the firm</li> <li>☐ I responded to an offer on the Internet</li> </ul>   |
|   | phoned the firm  conded to a TV/radio ad  son came to my home eived information by e-mail   | ☐ I went to the firm's place of business ☐ I received a telephone call from the firm ☐ I responded to an offer on the Internet ☐ I responded to a printed advertisement ☑ Other Board of meeting, February 2010  |
|   | phoned the firm  conded to a TV/radio ad  son came to my home eived information by e-mail eived information in the mail   | ☐ I went to the firm's place of business ☐ I received a telephone call from the firm ☐ I responded to an offer on the Internet ☐ I responded to a printed advertisement ☑ Other Board of meeting, February 2010  |
| Coeff | phoned the firm conded to a TV/radio ad rson came to my home eived information by e-mail eived information in the mail  OU CONSENT TO DISCLOSING THE FOLLOWING TO THE PU  are and status of your complaint and the name of the firm?  | □ I went to the firm's place of business □ I received a telephone call from the firm □ I responded to an offer on the Internet □ I responded to a printed advertisement □ Other Board of meeting, February 2010    BLIC?   7. WHAT WAS THE TRANSACTION FOR?   Yes □ No □ My business   Yes □ No □ My family/household  |
| The YO  | phoned the firm  conded to a TV/radio ad  rson came to my home eived information by e-mail eived information in the mail  OU CONSENT TO DISCLOSING THE FOLLOWING TO THE PU  are and status of your complaint and the name of the firm?  | □ I went to the firm's place of business □ I received a telephone call from the firm □ I responded to an offer on the Internet □ I responded to a printed advertisement □ Other Board of meeting, February 2010    BLIC?   7. WHAT WAS THE TRANSACTION FOR?   Yes □ No □ My business   |
| 5. YO YO YO   | phoned the firm  conded to a TV/radio ad  rson came to my home  eived information by e-mail  eived information in the mail  OU CONSENT TO DISCLOSING THE FOLLOWING TO THE PU  are and status of your complaint and the name of the firm?  | □ I went to the firm's place of business □ I received a telephone call from the firm □ I responded to an offer on the Internet □ I responded to a printed advertisement □ Other Board of meeting, February 2010    BLIC?   7. WHAT WAS THE TRANSACTION FOR?   Yes □ No □ My business   Yes □ No □ My family/household  |
|   | phoned the firm  conded to a TV/radio ad  rson came to my home  eived information by e-mail  eived information in the mail  OU CONSENT TO DISCLOSING THE FOLLOWING TO THE PU  ure and status of your complaint and the name of the firm?  me?  one number?                                      | ☐ I went to the firm's place of business ☐ I received a telephone call from the firm ☐ I responded to an offer on the Internet ☐ I responded to a printed advertisement ☑ Other Board of meeting, February 2010  BLIC?  7. WHAT WAS THE TRANSACTION FOR?  Yes ☐ No ☐ My business Yes ☐ No ☐ My family/household Yes ☐ No ☐ My farm  ☐ Private Insurance        |
| 5. YO YO YO   | phoned the firm conded to a TV/radio ad rson came to my home eived information by e-mail eived information in the mail  OU CONSENT TO DISCLOSING THE FOLLOWING TO THE PU  are and status of your complaint and the name of the firm?  Ime?  One number?   | ☐ I went to the firm's place of business ☐ I received a telephone call from the firm ☐ I responded to an offer on the Internet ☐ I responded to a printed advertisement ☑ Other Board of meeting, February 2010  BLIC?  7. WHAT WAS THE TRANSACTION FOR?  Yes ☐ No ☐ My business ☑ My family/household ☐ My farm   |
|   | phoned the firm conded to a TV/radio ad rson came to my home eived information by e-mail eived information in the mail  OU CONSENT TO DISCLOSING THE FOLLOWING TO THE PU  are and status of your complaint and the name of the firm?  me?  One number?  Credit Card  Installment Loan  Medicare | ☐ I went to the firm's place of business ☐ I received a telephone call from the firm ☐ I responded to an offer on the Internet ☐ I responded to a printed advertisement ☑ Other Board of meeting, February 2010  BLIC?  7. WHAT WAS THE TRANSACTION FOR?  Yes ☐ No ☐ My business ☑ My family/household ☐ My farm  ☐ Private Insurance ☑ Other Association Dues |
| 6. The YO YO 8. — — — — — — — — — — — — — — — — — —   | phoned the firm conded to a TV/radio ad rson came to my home eived information by e-mail eived information in the mail  OU CONSENT TO DISCLOSING THE FOLLOWING TO THE PU  are and status of your complaint and the name of the firm?  me?  One number?  Credit Card  Medicaid                   | ☐ I went to the firm's place of business ☐ I received a telephone call from the firm ☐ I responded to an offer on the Internet ☐ I responded to a printed advertisement ☑ Other Board of meeting, February 2010  BLIC?  7. WHAT WAS THE TRANSACTION FOR?  Yes ☐ No ☐ My business ☑ My family/household ☐ My farm  ☐ Private Insurance ☑ Other Association Dues |
|   | phoned the firm conded to a TV/radio ad rson came to my home eived information by e-mail eived information in the mail  OU CONSENT TO DISCLOSING THE FOLLOWING TO THE PU  are and status of your complaint and the name of the firm?  me?  One number?  Credit Card  Installment Loan  Medicare | ☐ I went to the firm's place of business ☐ I received a telephone call from the firm ☐ I responded to an offer on the Internet ☐ I responded to a printed advertisement ☑ Other Board of meeting, February 2010  BLIC?  7. WHAT WAS THE TRANSACTION FOR?  Yes ☐ No ☐ My business ☑ My family/household ☐ My farm  ☐ Private Insurance ☑ Other Association Dues |

| 10.   | AVE YOU COMPLAINED TO THE BUSINESS? (Check box when applicable)   | ☐ Yes  | LJNO  |
|---|---|--|---|
| Wh  | Action taken?   |  |   |
|   |   |  |   |
| 11.   | WITH WHAT OTHER AGENCY HAVE YOU FILED THIS COMPLAINT?   | <u> </u>   | <u> </u>  |
| Wh  | - Action taken?   |  |   |
| 12  | AVE YOU CONTACTED A PRIVATE ATTORNEY?   | Yes  |   |
|   | AVE YOU STARTED A COURT ACTION? IF YES, PLEASE ATTACH A COPY OF ALL COURT   |  | TZINO   |
| 14.   | AVE YOU BEEN SUED OVER THIS ISSUE? IF YES, PLEASE ATTACH A COPY OF ALL COU  | RT PAPERS. Yes   | XINO  |
| 15.   | OLLAR AMOUNT ASSOCIATED WITH YOUR LOSS, IF ANY. \$  |  |   |
| 16.   | LEASE DESCRIBE YOUR COMPLAINT IN DETAIL (ATTACH ADDITIONAL PAGES IF N   |  |   |
| Ple:<br>che   | trach a copy of all papers involved (order blank, warranty, credit card receipt and statement, invoice, coursespondence and all other related documents). Please print clearly or type. DO NOT INCLUDE YOUR Statements  | intract or written agreement, advertisem<br>OCIAL SECURITY NUMBER.   | ent, cancelled  |
| Kiesl statin Direct vehice prude is ride his vehice appro | Roberts, a member of the Harbours Homeowners Association Bald of Directors, abovemately \$4,000 from the Association's mutual benefit funds to reimburse fellow board mer for alleged acts of vandalism to their vehicles. A letter (attached) was sent to Association of the reason for reimbursing these people for their damages. Mr. Robertsdid not perform tors when he approved the action to reimburse these persons from our Association's functions when he approved the action to reimburse these persons from our Association's functions. Based on lack of evidence and the arguments presented by owner Mr. Peter Steen and reasonable judgement when the approved this expenditure. A copy of the police died with discrepencies, including the inclusion of a false name of the person that Quigginelicle. There is no clear cut evidence that any vandalism occurred at The Harbours on eved the action to reimburse these parties for their expenses.  **OW WOULD YOU LIKE YOUR COMPLAINT RESOLVED?**  Roberts should bear the responsibility of actions and reimburse the Association the meth Quiggins, a fellow board member and Terry Kiesler, an Employee for the alleged and the police. | h his fiduciary duty as a member of the for the repair of their privately of their privat | of the Board of owned as not using the Houiggins of vandalism on I not have |
| 18.   | ONSENT AND VERIFICATION   |  |   |
| l at<br>hav<br>reli<br>Nu<br>to                           | under the penalties for perjury, that the foregoing representations, and those in all ovided in this complaint form is based upon my personal knowledge. I consent to the any information in furtherance of the disposition of this complaint. I understand the in any information submitted to the Consumer Protection Division. If I do provide medisclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-   | ne Consumer Protection Division<br>nat I should not include my Socia<br>ny Social Security Number, Lexpr   | I Security  |
| Y01   | gnature Salar   | ALL DOLLES FEED FORMED TO.   |   |
| Wh  | WILL HAPPEN NOW? WHAT ELSE SHOULD YOU DO?   | AIL COMPLETED FORMS TO:  | <del> </del>  |
| Thi<br>res<br>aga<br>act<br>and<br>or a                   | Insumer Protection Division will send a copy of your complaint to the significant firm or licensed professional. This office cannot disclose your complaint licensed professional to the public unless this office files a disciplinary against the licensed professional. This office represents the State of Indiana mitted in the remedies it can pursue. You may be entitled to compensation rights that we cannot pursue for you. In addition to filing this complaint, you ant to consider contacting a private attorney or your local small claims court.  | Attorney General Greg Z<br>Consumer Protection Di<br>Government Center South<br>302 West Washington S<br>Indianapolis, IN 462<br>PH: 317-232-6330 • FAX: 313<br>www.IndianaConsumer  | vision<br>5 <sup>th</sup> floor<br>Street<br>04<br>7-233-4393               |

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# CONSUMER COMPLAINTREGRM Office of the Indiana Attorney General MAR 22 2010

| . INFORMATION   | 2. WHO IS YOUR COMPLAINT AGAINST?   |
|---|---|
|   | Name/Firm Sharon Chandler:  |
| a Mr. Mrs. Miss Ms. Libr.   | Board Member Harbours Homeowners Association                                      |
|   | Address 1 Riverpointe Plaza   |
| it it State   | #705  |
| it (121) County   | City Jeffersonville State In  |
|   | County Clark  |
| $g = \Box_{18-24} \Box_{25-34} \Box_{35-44} \Box_{45-54} \Box_{55-64} \Box$ | Day Phone ( )   |
| thi (812) 284-2325  |   |
| ( <u>)</u>  | ening E-mail  |
| ·<br>   | reison you dean with  |
| HEN DID TRANSACTION/INCIDENT OCCUR?   | Date various Time AM PM   |
|   | OMPLAINING ABOUT TAKE PLACE? (Check box when applicable)                          |
| HERE DID THE IRANSACTION/INCIDENT TOO AND O                                 |   |
| the firm's place of business  | ☐ By Mail<br>☐ By Internet/e-mail   |
|   |   |
| Board of Directors Executive Closed Meeting                                 |   |
| AT WAS THE VERY FIRST CONTACT BETWEEN YOU                                   | J AND THE FIRM?   |
| ephoned the firm  | ☐ I went to the firm's place of business  |
| ponded to a TV/radio ad   | ☐ I received a telephone call from the firm                                       |
| srson came to my home   | ☐ I responded to an offer on the Internet   |
| eived information by e-mail   | ☐ I responded to a printed advertisement  ☐ Other Board of meeting, February 2010 |
| eived information in the mail   |   |
| YOU CONSENT TO DISCLOSING THE FOLLOWING T                                   | 7. WHAT WAS THE TRANSACTION FOR?  |
| The sture and status of your complaint and the name of the                  | firm?   Yes □No □ My business   |
| of the and status of your complaint and the name of the                     | X Yes No X IVI I All III VI I Duschold  |
| You none number?  | Yes □ No □ My farm  |
| S W DID YOU PAY?  |   |
|   | Medicaid Private Insurance  |
|   | Nedicare SOther Association Dues  |
|   | THE ACCEPTANT YES NO  |
| ). YOU SIGN ANY WRITTEN AGREEMENT? IF YES, P                                | LEASE ATTACH A CUPY UP THE AUNCEIVICIVI.  |
| <del></del>   |   |
| race Use Only: Ind Prac   | OA: Inv. Sec File #   |
| ) ), i, i, i   i   i   i   i   i   i   i                                    | NL NJ   |

| 10.               | AVE YOU COMPLAINED TO THE BUSINESS? (Check box when applicable)   |   | ☐Yes                                     | No  |
|-------------------|---|---|--|---|
| Wh                | Action taken?   |   |  | <u> </u>  |
| 44                | AUTU MUNT OTHER ACENIOV HAVE VOLLEHER THIC COMBINABILES   |   |  | -11=11  |
| Wh                | Action taken?   | <u></u>   | ······································   |   |
| 12.               |   |   | Γlyes                                    | PNO   |
|                   | AVE YOU CTARTED A COURT ACTIONS IT VEC DI FACE ATTACH A CORV OF AL  | I COLIDT DADEDC   | Yes                                      | \(\sqrt{\sq}}}}}}}}}}} \end{\sqrt{\sq}}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq} |
|                   | AVE YOU BEEN CUED OVER THIS ISSUES IF YES, PLEASE ATTACH A COPY OF  |   | □ Yes                                    | No  |
|                   | AVE YOU BEEN SUED OVER THIS ISSUE? IF YES, PLEASE ATTACH A COPY OF  | ALL OUGITI I AI LINO.   |  |   |
| 5.<br>_<br>6.     | *LEASE DESCRIBE YOUR COMPLAINT IN DETAIL (ATTACH ADDITIONAL PAGE  | ES IF NECESSARY)  |  |   |
| _                 | tach a copy of all papers involved (order blank, warranty, credit card receipt and statement,   |   | nt advertiseme                           | nt. cancelled   |
| le:<br>he         | Trespondence and all other related documents). Please print clearly or type. DO NOT INCLUD  | E YOUR SOCIAL SECURITY NUMBER.                                      |  | ,,,,,   |
| <b><u>e</u> a</b> | additional attachments.   |   |  |   |
| ard               | on Chandler, a member of The Harbours Homeowners Association Board of Direximately \$4,000 from the Association's mutual benefit funds to reimburse fellow          | ectors, approved the action to                                      | ins amd emr                              | paymem o<br>Novee Terr  |
| ) id              | er for alleged acts of vandalism to their vehicles. A letter (attached) was sent to   | Association members by the P  | resident Kev                             | in Zipperle   |
| itin              | a the reason for reimbursing these people for their damages. Sharon Chandler  | did not perform her tiduciary di                                    | uty as a mem                             | iber of the   |
| arc               | d of Directors when she approved the action to reimburse these persons from ou  | <u>r Association's funds for the re</u>                             | pair of their t                          | privately   |
| ne                | divehicles. Based on lack of evidence and the arguments presented by owner lack or udent and reasonable judgement when she approved this expenditure. A cop         | Mr. Peter Steen. It is evident to<br>wat the police report that was | nativis. Char<br><del>submitted by</del> | Kenneth   |
| ny<br>Inc         | and reasonable judgement when she approved this expenditure. A cop<br>ans is riddled with discrepencies, including the inclusion of a false name of the p           | person that Quiggins suspects                                       | performed th                             | e alleged   |
| ig:<br>ida        | alism on his vehicle. There is no clear cut evidence that any vandalism occurre   | d at The Harbours on these ve                                       | hicles.Ms. C                             | handler   |
| วบโ               | or not have approved the action to reimburse these parties for their expenses.  | <u></u>   |  | <u>.                                  </u>  |
|                   |   |   |  | - · - · - · - · · · · · · · · · · · · ·   |
|                   |   |   |  |   |
| _                 |   |   |  |   |
| 7.                | OW WOULD YOU LIKE YOUR COMPLAINT RESOLVED?  |   |  |   |
| nne               | on Chandler should bear the responsibility of her actions and reimburse the Associate Quiggins, a fellow board member and Terry Kiesler, an Employee for the allows | ciation the money that she appeared and unsubstantiated clair       | oroved and a<br>ns of vandali            | llocated to<br>sm to their  |
|                   |   |   | <u>, ,</u>                               |   |
| 3.                | ONSENT AND VERIFICATION   |   |  |   |
|                   |   | as in all attachments are true                                      | The informa                              | ation I   |
| } ]               | under the penalties for perjury, that the foregoing representations, and those  | se ili ali allacilinento, are truc                                  | n Divinion A                             | atainina ar   |
| 1                 | ovided in this complaint form is based upon my personal knowledge. I cons   | ent to the Consumer Protection                                      | - PIVISIUIT UL                           | Canning of  |
| !                 | ang any information in furtherance of the disposition of this complaint. I under  | rstand that I should not includ                                     | e my Social i                            | Security  |
| ļ                 | in any information submitted to the Consumer Protection Division. If I do pr  | rovide my Social Security Nun                                       | nber, Lexpres                            | ssly conse  |
|                   | lisclosure of my Social Security Number in accordance with Indiana Code §   |   |  |   |
|                   |   |   |  |   |
|                   | Doto  | > //_//   |  |   |
| <b>}</b> {        | Date <  | >-/0-/0   |  | ······································  |
| +                 | WILL HAPPEN NOW? WHAT ELSE SHOULD YOU DO?   | MAIL COMPLETED FOR  | MS TO:                                   | <del></del>   |
| -                 |   | Attornov Cana   | ral Gren 7ni                             | eller   |
| ]ŧ                | ensumer Protection Division will send a copy of your complaint to the   | Attorney Gene   |  |   |
| 2S                | nent firm or licensed professional. This office cannot disclose your complaint  | Consumer Pro  |  |   |
| J.                | a licensed professional to the public unless this office files a disciplinary   | Government Cen  |  |   |
| <del>ا</del> ر    | gainst the licensed professional. This office represents the State of Indiana   | 302 West Was  | •  |   |
|                   | mited in the remedies it can pursue. You may be entitled to compensation  | Indianapoli   | s, IN 46204                              | 4   |
| M                 | Entitle in the remedies it ear parage, for may be entitled to compense  | PH: 317-232-6330  |  |   |

ant to consider contacting a private attorney or your local small claims court.

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www.IndianaConsumer.com



# CONSUMER COMPLAINT FORM

Office of the Indiana Attorney General

MAR 22 2010

| Name/Firm   Robyn Zapp:   Board Member Harbours Homeowners Association   Robyn Zapp:   Board Member Harbours Homeowners Association   Riverpointe Plaza   #601   Riverpointe Plaza   #601     Riverpointe Plaza   Riverpointe Plaza   #601     Riverpointe Plaza   Riverpointe Plaza   #601     Riverpointe Plaza   R   | UR INFORMATION   | 2. WHO IS YOUR COMPLAINT AGAINST?  |
|--|--|--|
| Board Member Harbours Homeowners Association    State  |  |  |
| Address 1 Riverpointe Plaza #601    State  |  | Board Member Harbours Homeowners Association                                   |
| State   1601   City   Jeffersonville   State   In   Jeffers   | 6/8 (c) Reversion le Dr.   | Address 1 Riverpointe Plaza  |
| 18-24   25-34   35-44   45-54   55-64   65+   25   64   65+   25   284   23   284   23   284   23   284   23   284   23   284   23   284   23   284   23   284   23   284   23   284   23   284   23   284   23   284   24   24   24   24   24   24   2   | Qo 11 State  | #601   |
| Phone   Phone   Phone   Phone   Phone   Person you dealt with   Robyn Zapp   | 100121 County Could  | City Jeffersonville State In   |
| Evening   E-mail   Person you dealt with   Robyn Zapp  | $\Box_{18-24} \Box_{25-34} \Box_{35-44} \Box_{45-54} \Box_{55-64} \Box_{65+}$  | ZIP 47130 County Clark   |
| Person you dealt with   Robyn Zapp   |  | Phone ( )  |
| Person you dealt with Robyn Zapp    Ference   Person you dealt with Robyn Zapp   | Evening  | E-mail   |
| HERE DID THE TRANSACTION/INCIDENT YOU ARE COMPLAINING ABOUT TAKE PLACE? (Check box when applicable)  The firm's place of business  | `  | Person you dealt with Robyn Zapp   |
| HERE DID THE TRANSACTION/INCIDENT YOU ARE COMPLAINING ABOUT TAKE PLACE? (Check box when applicable)  the firm's place of business   By Mail   By Internet/e-mail   By Internet/e-mail   By Internet/e-mail   By telephone   By telephon |  |  |
| By Mail   By Internet/e-mail   | HEN DID TRANSACTION/INCIDENT OCCUR?  | Date various Time AIVILLI FIVILLI  |
| By Internet/e-mail   By telephone    | HERE DID THE TRANSACTION/INCIDENT YOU ARE COMPLAIN   | ING ABOUT TAKE PLACE? (Check box when applicable)                              |
| HAT WAS THE VERY FIRST CONTACT BETWEEN YOU AND THE FIRM?  Dephoned the firm  | the firm's place of business   | ☐By Mail   |
| ### Board of Directors Executive Closed Meeting  ###################################   | nome   |  |
| ### PAT WAS THE VERY FIRST CONTACT BETWEEN YOU AND THE FIRM?  ### Page Phoned the firm   |  | Tablifule  |
| #phoned the firm   | Dogio di Directors Executive Closed Meeting  |  |
| I received a telephone call from the firm   I responded to an offer on the Internet   I responded to a printed advertisement   I responded to an offer on the Internet   I responded to a printed advertisement   I responded to an offer on the Internet   I responded to an offer of Internet   I responded to an o   | HAT WAS THE VERY FIRST CONTACT BETWEEN YOU AND THE   | FIRM?  |
| I responded to an offer on the Internet   I responded to a printed advertisement   I responded to an offer on the Internet   I responded to an offer on the Internet   I responded to a printed advertisement   I responded to an offer on the Internet   I responded to a printed advertisement   I responded to a printed advert   | ephoned the firm   | ☐ I went to the firm's place of business                                       |
| reived information by e-mail eived information in the mail    Other Board of meeting, February 2010  |  | I received a telephone call from the firm                                      |
| reived information in the mail    Other   Board of meeting, February 2010  |  | I responded to an oner on the internet  I responded to a printed advertisement |
| ture and status of your complaint and the name of the firm?  |  |  |
| ture and status of your complaint and the name of the firm?  | VALLAGRANT TA DICALACINA THE FALLANDING TA TUE DIL   | 7 WHAT WAS THE TRANSACTION FOR?  |
| me?  done number?  W DID YOU PAY?  CK  CR  Credit Card  Medicaid  Medicaid  Medicare  Medicare  Modicare   |  |  |
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| W DID YOU PAY?  □ Credit Card □ Medicaid □ Private Insurance □ Installment Loan □ Medicare □ Other Association Dues  | 11110;   | Yes No My farm   |
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| ☐ Installment Loan ☐ Medicare ☑ Other Association Dues ☐ Installment Loan ☐ Medicare ☑ Other Association Dues ☐ Installment Loan ☐ Installment ☐ Ins  |  | []Drivoto Incurance  |
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|  | YOU SIGN ANY WRITTEN AGREEMENT? IF YES, PLEASE AT  |  |
| File #   | tica Ica Only  | Filo #   |

| 10.  | AVE YOU COMPLAINED TO THE BUSINESS? (Check box when applicable)   |  | L_ Yes  | LINO  |
|--|---|--|---|---|
| Wh   | Action taken?   |  | <u>,                                  </u>  |   |
| ***  |   |  |   |   |
| 11.  | WITH WHAT OTHER AGENCY HAVE YOU FILED THIS COMPLAINT?   |  |   | <u></u>   |
| Wh   | Action taken?   |  |   |   |
|  | AVE YOU CONTACTED A PRIVATE ATTORNEY?   |  | Yes   | INO   |
| 13.  | AVE YOU STARTED A COURT ACTION? IF YES, PLEASE ATTACH A COPY OF ALL   | COURT PAPERS.  | Yes   | NO  |
| 14.  | AVE YOU BEEN SUED OVER THIS ISSUE? IF YES, PLEASE ATTACH A COPY OF A  | LL COURT PAPERS.   | Yes   | INO   |
| 15.  | OLLAR AMOUNT ASSOCIATED WITH YOUR LOSS, IF ANY. \$  |  |   | ······································                                    |
| 16.  | EASE DESCRIBE YOUR COMPLAINT IN DETAIL (ATTACH ADDITIONAL PAGE  | S IF NECESSARY)  | <u></u>   | , <u>, , , , , , , , , , , , , , , , , , </u>                             |
| Ple:<br>che  | trach a copy of all papers involved (order blank, warranty, credit card receipt and statement, in trrespondence and all other related documents). Please print clearly or type. DO NOT INCLUDE  | voice, contract or written agreeme<br>YOUR SOCIAL SECURITY NUMBER  | ent, advertiseme<br>3.  | nt, cancelled   |
| Approximation Station Directory vehicle is ride in approximation approxi | Accepted with discrepencies, including the inclusion of a false name of the person that existence is no clear cut evidence that any vandalism occurred at The Harbo that action to reimburse these persons from our Associations. Based on lack of evidence and the arguments presented by owner Mr. Peter and reasonable judgement when she approved this expenditure. A copy of the died with discrepencies, including the inclusion of a false name of the person that exicle. There is no clear cut evidence that any vandalism occurred at The Harbo oved the action to reimburse these parties for their expenses. | ssociation members by the learner her fiduciary duty as a con's funds for the repair of the Steen. It is evident that Ms police report that was submit Quiggins suspects performed are on these vehicles. Ms. Zeros on these vehicles. Ms. Zeros on the seros of the seros on the seros of the sero | President Key a member of the heir privately of s. Zapp was noted by Kenr ed the alleged app would note the | in Zipperle he Board of owned ot using neth Quiggins vandalism on it have |
| 18.  | ONSENT AND VERIFICATION   |  |   |   |
| l at<br>hav<br>rela<br>Nu<br>to  | under the penalties for perjury, that the foregoing representations, and those ovided in this complaint form is based upon my personal knowledge. I conserving any information in furtherance of the disposition of this complaint. I under in any information submitted to the Consumer Protection Division. If I do provision of my Social Security Number in accordance with Indiana Code § 4  | ent to the Consumer Protect<br>stand that I should not inclu<br>ovide my Social Security Nu  | ide my Social   | Security  |
| You  | Date  | 5/6-10   |   |   |
| WH   | WILL HAPPEN NOW? WHAT ELSE SHOULD YOU DO?   | MAIL COMPLETED FO  | PMS TO:   | · -· · -·   |
| Thi res aga act and or a   | resumer Protection Division will send a copy of your complaint to the sent firm or licensed professional. This office cannot disclose your complaint a licensed professional to the public unless this office files a disciplinary against the licensed professional. This office represents the State of Indiana mited in the remedies it can pursue. You may be entitled to compensation rights that we cannot pursue for you. In addition to filing this complaint, you and to consider contacting a private attorney or your local small claims court.  | Attorney Ger<br>Consumer P<br>Government Ce<br>302 West W<br>Indianapo<br>PH: 317-232-6330<br>www.Indian   | rotection Diventer South, lashington Solis, IN 4620 FAX: 317  | vision<br>5 <sup>th</sup> floor<br>treet<br>)4<br>-233-4393               |



### CONSUMER COMPLAINT FORM

Office of the Indiana Attorney General

MAR 22 2010

ATTORNEY GENERAL OF INDIANA

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at delay, please be sure to complete both sides of this form in full. Please print clearly or type. DO NOT GREEN Social S To pro By Number on this form or in any accompanying documents. 2. WHO IS YOUR COMPLAINT AGAINST? **UR INFORMATION** Name/Firm Mary Lou Trautwein-Lamkin: Mr. Board Member Harbours Homeowners Association Address 1 Riverpointe Plaza Ade #603 Cit State In Jeffersonville ZIF County Clark ZIP 47130  $\square$ 18-24  $\square$ 25-34  $\square$ 35-44  $\square$ 45-54  $\square$ 55-64  $\square$ 65+ Age Phone ( Day Phi E-mail Evening Person you dealt with Mary Lou Trautwein-Lamkin E-r  $PM\square$ Time Date various HEN DID TRANSACTION/INCIDENT OCCUR? HERE DID THE TRANSACTION/INCIDENT YOU ARE COMPLAINING ABOUT TAKE PLACE? (Check box when applicable) ☐ By Mail the firm's place of business By Internet/e-mail home ☐ By telephone ay from the firm's place of business (work, convention, etc.) er Board of Directors Executive Closed Meeting HAT WAS THE VERY FIRST CONTACT BETWEEN YOU AND THE FIRM? ☐ I went to the firm's place of business rephoned the firm ☐ I received a telephone call from the firm sponded to a TV/radio ad ☐ I responded to an offer on the Internet Herson came to my home I responded to a printed advertisement ceived information by e-mail 🗙 Other Board of meeting, February 2010 beived information in the mail 7. WHAT WAS THE TRANSACTION FOR? YOU CONSENT TO DISCLOSING THE FOLLOWING TO THE PUBLIC? 6. My business □No × Yes sture and status of your complaint and the name of the firm?  $\mathsf{Th}_{i}$ My family/household YO! ame? ☐ My farm ¥ Yes □ No none number? -W DID YOU PAY? Private Insurance Medicaid ☐ Credit Card ▼ Other Association Dues ☐ Medicare ☐ Installment Loan O YOU SIGN ANY WRITTEN AGREEMENT? IF YES, PLEASE ATTACH A COPY OF THE AGREEMENT. 9. File# Hice Use Only: Sec Inv. 0A: Prac Ind

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| 10.<br>Wh                               | AVE YOU COMPLAINED TO THE BUSINESS? (Check box when applicable)  |  |
|---|--|--|
| **!'                                    | AVE YOU COMPLAINED TO THE BUSINESS! (Check box which application)  Action taken?   |  |
|   |  |  |
| 11                                      | TITH WHAT OTHER AGENCY HAVE YOU FILED THIS COMPLAINT?  |  |
| Wh                                      | - Action taken?  |  |
| 12                                      | AVE YOU CONTACTED A PRIVATE ATTORNEY?  | ☐ Yes ☐ No   |
|   | AVE YOU STARTED A COURT ACTION? IF YES, PLEASE ATTACH A COPY OF ALL COURT PAPERS.  | ☐ Yes No   |
|   | AVE YOU BEEN SUED OVER THIS ISSUE? IF YES, PLEASE ATTACH A COPY OF ALL COURT PAPERS.   | Yes XNo  |
| ··· <del>-</del> ··                     |  |  |
|   | OLLAR AMOUNT ASSOCIATED WITH YOUR LOSS, IF ANY. \$   |  |
| 16.                                     | LEASE DESCRIBE YOUR COMPLAINT IN DETAIL (ATTACH ADDITIONAL INVOICE contract or Writt   | en agreement, advertisement, cancelled   |
| Ple:<br>che                             | respondence and all other related documents). Please print clearly or type. DO NOT INCLUDE YOUR SOCIAL SECURI  | TY NUMBER.   |
| ee a                                    | additional attachments.  Amkin, a member of The Harbours Homeowners Association Board of Directors, approved the action and the company of the Harbours Homeowners Association Board of Directors, approved the action and the company of the Harbours of the  | on to issue direct payment of  |
| ls. L                                   | amkin, a member of The Harbours Homeowners Association Board of Directors, approved the dota<br>ximately \$4,000 from the Association's mutual benefit funds to reimburse fellow board member Keni   | neth Quiggins amd employee Terry   |
| <del>pp</del> ro.<br>Gesto              | ximately \$4,000 from the Association's mutual benefit funds to reimburse lenow board member for alleged acts of vandalism to their vehicles. A letter (attached) was sent to Association member for alleged acts of vandalism to their vehicles. A letter (attached) was sent to Association member for alleged acts of vandalism to their vehicles.  | 's by the President Kevin Zipperie   |
| tatino                                  | for alleged acts of vandalism to their vehicles. A letter (attached) was sent to Association members of the reason for reimbursing these people for their damages. Ms. Lamkin did not perform her fiducial the reason for reimbursing these people for their damages. Ms. Lamkin did not perform her fiducial the resimburses these persons from our Association's funds for the resimburses these persons from our Association's funds for the resimburses these persons from our Association's funds for the resimburses these persons from our Association's funds for the resimburses these persons from our Association's funds for the resimburses the r | ary duty as a member of the board of   |
| <u> Direct</u>                          | ors when she approved the action to reimburse triese persons ripin our reoperator Steen. It is eviden  | nt that Ms. Lamkin was not using   |
| ehicle                                  | es. Based on lack of evidence and the arguments presented by owner into the police report that   | was submitted by Kenneth Quiggins  |
| rude                                    | and reasonable judgement when she approved this expenditure. A copy of the police report that the standard with discrepencies, including the inclusion of a false name of the person that Quiggins suspects are with discrepencies. Including the inclusion of a false name of the person that Quiggins suspects are with the second control of the Harbours on these vehicles.  | performed the alleged vandalism of   |
| is ve                                   | tied with discrepencies, including the inclusion of a false name of the person that duliguing suspect.  There is no clear cut evidence that any vandalism occurred at The Harbours on these vehicle.   | es. Ms. Lamkin would not have  |
| ppro                                    | ved the action to reimburse these parties for their expenses.  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| ·                                       |  |  |
|   | OW WOULD YOU LIKE YOUR COMPLAINT RESOLVED?   |  |
| ∕ls. L.                                 | amkin should bear the responsibility of her actions and reimburse the Association the money that sheath Quiggins, a fellow board member and Terry Kiesler, an Employee for the alleged and unsubstar   | e approved and allocated to  |
| <b>(en</b> ne                           | eth Quiggins, a fellow board member and Terry Kiesler, an Employee for the alleged and unsubstar   | Hater claims of varidation, to the   |
| ehibi                                   | ies ————————————————————————————————————   |  |
|   |  |  |
| 18.                                     | ONSENT AND VERIFICATION  |  |
|   | under the populties for parium, that the foregoing representations, and those in all attachment  | s, are true. The information   |
| lat                                     | under the penalties for perjury, that the foregoing representations, and those in all attachment   | H LIORGERIOH DIMPIOH optaning of   |
| ha <sup>1</sup>                         | under the penalties for perjury, that the foregoing representations, and those in all attachment ovided in this complaint form is based upon my personal knowledge. I consent to the Consumer say information in furtherance of the disposition of this complaint. Lunderstand that I should   | not include my Social Security   |
| l at                                    | under the penalties for perjury, that the foregoing representations, and those in all attachment ovided in this complaint form is based upon my personal knowledge. I consent to the Consumer any information in furtherance of the disposition of this complaint. I understand that I should in any information submitted to the Consumer Protection Division. If I do provide my Social Section 2015   | not include my Social Security   |
| l a!                                    | under the penalties for perjury, that the foregoing representations, and those in all attachment   | not include my Social Security   |
| l a!<br>ha<br>rel<br>Nu                 | under the penalties for perjury, that the foregoing representations, and those in all attachment ovided in this complaint form is based upon my personal knowledge. I consent to the Consumer any information in furtherance of the disposition of this complaint. I understand that I should in any information submitted to the Consumer Protection Division. If I do provide my Social Section 2015   | not include my Social Security   |
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| lathateli Nu to                         | under the penalties for perjury, that the foregoing representations, and those in all attachment ovided in this complaint form is based upon my personal knowledge. I consent to the Consumer of any information in furtherance of the disposition of this complaint. I understand that I should in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).  Mail Complementation Division will cond a copy of your complaint to the Atto  | not include my Social Security curity Number, I expressly consent  ETED FORMS TO: rney General Greg Zoeller  |
| la! ha' rel: Nu to: You Th:             | under the penalties for perjury, that the foregoing representations, and those in all attachment ovided in this complaint form is based upon my personal knowledge. I consent to the Consumer gray information in furtherance of the disposition of this complaint. I understand that I should in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).  MILL HAPPEN NOW? WHAT ELSE SHOULD YOU DO?  MAIL COMPLETE SHOULD YOU DO?  Atto   | not include my Social Security curity Number, I expressly consent  ETED FORMS TO:  rney General Greg Zoeller sumer Protection Division   |
| l at hat relation Nutres                | under the penalties for perjury, that the foregoing representations, and those in all attachment ovided in this complaint form is based upon my personal knowledge. I consent to the Consumer and information in furtherance of the disposition of this complaint. I understand that I should be in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).  MILL HAPPEN NOW? WHAT ELSE SHOULD YOU DO?  MAIL COMPLETE SHOULD YOU DO?  Attoucher firm or licensed professional. This office cannot disclose your complaint  | not include my Social Security curity Number, I expressly consent  ETED FORMS TO:  rney General Greg Zoeller sumer Protection Division   |
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| lathat hat relation Not well at the res | under the penalties for perjury, that the foregoing representations, and those in all attachment ovided in this complaint form is based upon my personal knowledge. I consent to the Consumer grany information in furtherance of the disposition of this complaint. I understand that I should be in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).  Date  MAIL COMPLEMBLE COMPLEMBLE FIRM OF The Protection Division will send a copy of your complaint to the dent firm or licensed professional. This office cannot disclose your complaint a ticensed professional to the public unless this office files a disciplinary against the licensed professional. This office represents the State of Indiana  MAIL COMPLEMBLE GOVERNMENT OF The Protection Division will send a copy of your complaint a disciplinary against the licensed professional. This office represents the State of Indiana  MAIL COMPLEMBLE GOVERNMENT OF The Protection Division will send a copy of your complaint a disciplinary and the public unless this office files a disciplinary and the public unless the State of Indiana and the public unless the public unless the public u | not include my Social Security ecurity Number, I expressly consent rney General Greg Zoeller sumer Protection Division ament Center South, 5th floor West Washington Street  |
| lathateli Nu to The rest aga            | under the penalties for perjury, that the foregoing representations, and those in all attachment rovided in this complaint form is based upon my personal knowledge. I consent to the Consumer group any information in furtherance of the disposition of this complaint. I understand that I should in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).  Date  Date  MAIL COMPL  Mail Complaint to the dient firm or licensed professional. This office cannot disclose your complaint a licensed professional to the public unless this office files a disciplinary against the licensed professional. This office represents the State of Indiana amited in the remedies it can pursue. You may be entitled to compensation  | not include my Social Security ecurity Number, I expressly consent security Number, I expressly consent rney General Greg Zoeller sumer Protection Division ment Center South, 5th floor West Washington Street andianapolis, IN 46204 |
| lathat hat hat relation You             | under the penalties for perjury, that the foregoing representations, and those in all attachment evided in this complaint form is based upon my personal knowledge. I consent to the Consumer any information in furtherance of the disposition of this complaint. I understand that I should be in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).  Date  Date  MAIL COMPL  Mall Complaint to the dent firm or licensed professional. This office cannot disclose your complaint a licensed professional to the public unless this office files a disciplinary against the licensed professional. This office represents the State of Indiana mitted in the remedies it can pursue. You may be entitled to compensation  PH: 317-2  | not include my Social Security ecurity Number, I expressly consent rney General Greg Zoeller sumer Protection Division ament Center South, 5th floor West Washington Street  |

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### CONSUMER COMPLAINT FOR

Office of the Indiana Attorney General

MAR 22 2010

at delay, please be sure to complete **both sides** of this form in full. Please print clearly or type. **DO NOT** include your **Social** To pre Security Number on this form or in any accompanying documents. 2. WHO IS YOUR COMPLAINT AGAINST? **IUR INFORMATION** Name/Firm Douglass Farnsley: Board Member Harbours Homeowners Association Address 400 W.Market St. Cerenoaliste Ad Suite 1800 State Cit State Ky City Louisville 47130 County (low ZIF County Clark ZIP 40202 □18-24 □25-34 □35-44 □45-54 ☑55-64 □65+ Age Phone (\_\_\_\_ 812 284-2375 Day Phi E-mail Evening Person you dealt with Douglass Farnsley E-1 PM□ Time Date various 3. HEN DID TRANSACTION/INCIDENT OCCUR? HERE DID THE TRANSACTION/INCIDENT YOU ARE COMPLAINING ABOUT TAKE PLACE? (Check box when applicable) ☐ By Mail the firm's place of business ☐ By Internet/e-mail nome ☐ By telephone dy from the firm's place of business (work, convention, etc.) Per Board of Directors Executive Closed Meeting FAT WAS THE VERY FIRST CONTACT BETWEEN YOU AND THE FIRM? I went to the firm's place of business mephoned the firm ☐ I received a telephone call from the firm sponded to a TV/radio ad ☐ I responded to an offer on the Internet erson came to my home ☐ I responded to a printed advertisement received information by e-mail ☑ Other Board of meeting, February 2010 eived information in the mail 7. WHAT WAS THE TRANSACTION FOR? YOU CONSENT TO DISCLOSING THE FOLLOWING TO THE PUBLIC? 6. My business □No aure and status of your complaint and the name of the firm? **X** Yes Th ☑ My family/household □No × Yes ame? ☐ My farm Yes □ No none number? Y0: **W DID YOU PAY?** ☐ Private Insurance ☐ Credit Card 100 Other Association Dues ☐ Medicare ☐ Installment Loan YOU SIGN ANY WRITTEN AGREEMENT? IF YES, PLEASE ATTACH A COPY OF THE AGREEMENT. File# Sec 0A: whice Use Only: Prac

|  |   |   | Yes  |   |
|--|---|---|--|---|
| 10   | Action taken?   |   |  |   |
| ₩.   | Action taken?   |   |  |   |
| • •  |   |   | ······································   |   |
| 1  | WITH WHAT OTHER AGENCY HAVE YOU FILED THIS COMPLAINT?   |   |  |   |
| Nh   | Action taken?   |   | Tyes   | No  |
| 12.  | AVE YOU CONTACTED A PRIVATE ATTORNEY?   |   | TVes   | NO  |
|  | AND YOU CTARTED A COURT ACTION? IF YES, PLEASE ATTACH A COPY OF ALL GUI   | URT PAPERS.   |  | IZINO   |
| 13.<br>=                                     | AVE YOU STARTED A GOOT. THIS ISSUE? IF YES, PLEASE ATTACH A COPY OF ALL C   | COURT PAPERS.   | Yes  |   |
| 14.  | AVE YOU BEEN SUED OVER THIS ISSUED LOSS IF ANY. \$  |   |  |   |
| 15.  | OLLAR AMOUNT ASSOCIATED WITH YOUR LOSS, IF ANY. \$  | F NECESSARY)  |  | <u></u>   |
| 16.  | teach a copy of all papers involved (order blank, warranty, credit card receipt and statement, invoice that a copy of all papers involved documents). Please print clearly or type. DO NOT INCLUDE YOU  | ce, contract or written agr   | eement, advertisem   | ent, cancelled  |
| Ple;   | trach a copy of all papers involved (order blank, warranty, credit card receipt and statement, involved or type. DO NOT INCLUDE YOU were spondence and all other related documents). Please print clearly or type. DO NOT INCLUDE YOU   | UR SOCIAL SECURITY NUI  | MBEH.  |   |
| che  |   |   | - locus direct Da  | yment of  |
| <u>}ee</u><br>Ar F                           | additional attachments.  Farnsley, a member of The Harbours Homeowners Association Board of Directors, a member of The Harbours Homeowners Association Board of Directors, a compared to the Association's mutual benefit funds to reimburse fellow board acts of vandalism to their vehicles. A letter (attached) was sent to Associated to the formula acts of vandalism to their vehicles.   | rd member Kenneth   | Quiggins amd en  | <del>nployee Terry</del><br>win Zinnerle  |
| <del>ipp</del> r                             | Oximately \$4,000 monthle About the their vehicles. A letter (attached) was sent to Assu  | UCIACION ATTACAMENTA  | ity as a member  | of the Board or   |
| ues  | er for alleged acts of various.   |   | of their privately   | ownea   |
| )ıre:  | clors when he approved the days and and procented by owner Mr. Peter S  | icon. It is a   | hmitted by Ken   | <del>neth Guiggins</del>  |
| /ehi   | cles. Based on lack of cylochic and the expenditure. A copy of the po   | Mice tobott miss.   | formed the allege  | ed vandalism on   |
| )fuc   | ent and reasonable judgement mind the inclusion of a false name of the person that Qu   | a on these vehicles.  | Vir. Farnsley wou  | ld not have   |
| e ric  | teled with discrepencies, including the market because of the Harbours  | S OIL MESC ACTUONS  |  |   |
| IS NO  | thed with discrepended, moldang that any vandalism occurred at The Harbours   | S Off the SC voinces  | <del></del>  |   |
| his v  | reviele. There is no clear cut evidence that any vandalism occurred at The Harbours reviele. There is no clear cut evidence that any vandalism occurred at The Harbours reviele.  | S Off the Se voing  |  |   |
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