

COMPLAINT FORM

DATE OF COMPLAINT: _____

DATE AND TIME OF OBSERVATION: _____ AM/PM

LOCATION OF OBSERVATION: _____

WHO WAS INVOLVED: (Slate Name/Candidates/Campaign members):

1. _____

2. _____

3. _____

WHAT HAPPENED be specific, include the part of the code/constitution that you believe was violated, as well as the specific amendment or section number (use back of sheet if needed):

The Elections Committee has jurisdiction on whether or not a candidate will face punishment after a formal complaint is filed.

Signature of filing complaint

Please Print here

Phone number

E-mail Address

***Please turn this form in to the front desk of the
AS Leadership Office.***