Election Complaint Form

Student Government Election Board

Today's date: _____

Complainant's name(s): _____

Contact email: _____ Daytime phone: _____

Date(s) of alleged violation: _____

Person(s) allegations are against: _____

Description of allegations (please attach additional pages or evidence as needed):

_____
_____
_____ _____
_____
_____
_____ _____
_____
_____
_____ _____
_____
_____
_____ _____
_____
_____
_____ _____
_____
_____
_____ _____
_____
_____
_____ _____

I acknowledge that the above information is true and accurately reflects the matter in question, to the best of my knowledge:

_____