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):

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

________________________________________________________
Signature of filing complaint

________________________________________________________
Phone number

________________________________________________________
Please Print here

________________________________________________________
E-mail Address

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