I, _________________________________________________________________,
(Print name: first, middle initial, last)

acknowledge my responsibility, if filing a complaint:

___ To submit the Election Complaint Form to jwatkins4@csub.edu no later than noon, April 7, 2017.
___ I have read the Part IV (D) of the Elections Code

COMPLAINT ALLEGATIONS
Specify the sections of the ASI Elections Code you allege were violated and by whom, or other conduct and by whom, which allegedly unfairly affected the election. Remember that only one candidate may be named. Please be as specific as possible.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

EVIDENCE
Please provide a brief summary of the oral and written evidence in support of this complaint including the names of witnesses.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

REMEDY
Please propose one or more remedies the Election Grievance Committee is authorized to grant under part IV of the ASI Elections Code a remedy that you believe would be fair to settle your complaint.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Please use the back or attach additional sheets as necessary.

Complainant: ______________________________ Student ID# ______________________________
(person filing the complaint) 

Email ______________________________ Cell Phone ______________________________

Received: ______________________________
Election Coordinator: ______________________________

Resolution:

____________________________________________________________________
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