



Campaign Violation Petition

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 5, 2019.
___ 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: _____

