

A.S. Spring General Election 2009

Formal Complaint Form

SUBMIT COMPLETED FORM TO THE A.S. CAB OFFICE (UCEN 2523)
Elections Complaint Form Box

Name of Person Filing Complaint (print): _____

Signature: _____ Date: _____

Phone Number: _____ Best Time to Call: _____

Mailing Address: _____

E-mail Address: _____

Name of Candidate Charged: _____

Date & Time of Violation: _____

Location: _____

Description of Violation (please give specific details): _____

Witnesses: _____

Other Comments: _____
