

VIOLATION COMPLAINT FORM

ALL ITEMS ON THIS FORM MUST BE COMPLETED FULLY AND SUBMITTED TO THE SGA OFFICE NO LATER THAN 5:00 PM ON THE LAST DAY OF VOTING.

Name of Person Filing: _____ Phone# () _____

Address: _____

E-mail address: _____ Cell Phone: _____

Date and Location of alleged violation: _____ Time: _____

This violation grievance is filed against (Name of candidate or party):

Details of alleged violation: _____

The person filing this allegation must be present at the hearing and shall be responsible for the appearance of any witness(s) at the hearing. The Election Commission shall conduct the hearing within 72 hours after the filing of this form.

I hereby certify that all the statements on this report are true and complete to the best of my knowledge.

Signature of Person Filing

Date of Filing

DO NOT WRITE BELOW THIS LINE

ELECTION HEARING

Date Received: _____

Date Form Sent to

Complainant and Defendant: _____

Complainant: _____

Defendant(s): _____

Date of hearing: _____

Time of hearing: _____

Received by: _____

Time: _____ Date: _____

Signature: _____

ADJUCATION: