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: ___________________________________________ Cell Phone: _________
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: ___________________________ Date: ___________________________
Time: ___________________________ Date: ___________________________
Signature: ___________________________