Election Complaint Form

Part I- Complainant(s)

Please provide the personal information of the person(s) reporting the violation.

Name: ______________________________________ Email: ______________________________________
Telephone: _______________________________ Signature: ______________________________________

Name: ______________________________________ Email: ______________________________________
Telephone: _______________________________ Signature: ______________________________________

Part II- Respondent(s)

Please provide the personal information for the person(s) performing the violation.

Name: ______________________________________
Name: ______________________________________

Part III- Witnesses

Please list all witnesses to the alleged violation.

Name: _________________________ Email: _________________ Telephone: ______________________
Name: _________________________ Email: _________________ Telephone: ______________________

Part IV- Election Code

What part(s) of the Election Code was violated?

Article: ______________________________________ Section: ______________________________________
Article: ______________________________________ Section: ______________________________________
Article: ______________________________________ Section: ______________________________________
Part V - Violation Description
Date: __________________ Time: __________________ Location: ______________________________

Description:

Scan and submit to:
Any Nguyenkhoa
Director of Elections
Student Government Association
sgaelections@chapman.edu

All violation forms must be submitted within twenty-four (24) hours of the alleged violation.