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: ____________________________
Date: ___________________ Time: ___________________ Location: ________________________
Description:
Scan and submit to:
Isabella Mahar
Director of Elections
Student Government Association sgaelections@chapman.edu

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