2015 ELECTION COMPLAINT FORM

Must be submitted to the UHHSA Election Chair (Campus Center, Room 201) by 4:30pm on April 17, 2015

Date of complaint: ________

Full name of complainant: ________________________________

1. State the offender’s name: ________________________________
   Is/was this person a candidate: _____ Yes _____ No

2. Summary of the complaint/inquiry. (Use the back of this form if needed)

3. Remedy sought by the complainant (Use the back of this form if needed)

ELECTION COMPLAINT DISPOSITION - (This Section to be used by the Dean of Students)

Date complaint rec’d: ____________ Hearing date: _______ Time: _______

Summary/Decision:

Appeal to VCSA filed on: ____________

Outcome of Appeal: