ASUW JUDICIAL COMMITTEE ELECTION COMPLAINT

Today's Date _____

Name of Party Making Complaint _____

Address _____

Phone _____ Email _____

Name of Violator _____

Is the Violator: *(check appropriate box)*
☐ Candidate of the Ballot ☐ Person(s) campaigning on behalf of a candidate or issue
☐ Other: *(please explain)* _____

_____

Election Policy Violated _____

Description of Violation *(use back if necessary)* _____

_____

Date of Violation _____ Time of Violation _____

Location of Violation _____

Witness(es) of Violation:

Name	Address	Phone	Email

1. _____

2. _____

3. _____

If complainant fails to appear at the hearing, the complaint shall be dismissed. Judicial Committee Hearings for 2017 Election Complaints will be held on Wednesday, May 17, 2017. Complaints must be submitted and signed in person with the Judicial Committee Adviser to be officially included for review.

_____
Signature of Party Making Complaint Date Time

_____
Signature of Party Making Complaint Date Time

_____
Signature of Judicial Committee Adviser Date Time

Office Use Only: Received by _____ *Date* _____ *Complaint Number* _____