# ELECTION COMPLAINT FORM

Important: Please type the information on this form

Submit completed form to sgelections@drew.edu and ag@drew.edu within 48 hours after results have been posted. Any forms received after that time will not be reviewed.

## COMPLAINT INFORMATION

| First Name: ____________________ | Last Name: __________________________ |
| Cell Number: ________________ | Email: ___________________@drew.edu |

## PERSON(S) AGAINST WHOM COMPLAINT IS BROUGHT

Name(s): __________________________________________________________

Positions Running for: _____________________________________________

## STATEMENT OF FACTS

Date(s) and time(s) alleged event(s) occurred: ______________________________

Location(s) of alleged event(s): __________________________________________

Names, phone numbers and email addresses of witnesses or other victims (if applicable):

_________________________________________________________________

_________________________________________________________________

## DESCRIBE YOUR COMPLAINT (if necessary, please attach additional word doc)

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

## SIGNATURE

I acknowledge that all of the above information is true and accurately reflects the matter in question, to the best of my knowledge. I understand that Daniels Dictionary and providing false information could be brought into this complaint. Typing your name is an electronic signature.

Signature: ___________________________ Date: ________________