2015 Complaint Form

This form shall be used in the event of a suspected violation of the Elections Regulations Code. The person filing this form, the “Complainant,” shall fill this form out completely and to the best of their knowledge within one (1) day (24 hours) of discovery of the suspected violation. The Elections Commissioner will notify the parties, investigate the complaint and conduct a hearing within 48 hours of receipt. If you have any questions, please contact the Elections Commissioner, Sarah Haley, at swhaley@ksu.edu.

Your Name_________________________________________ Date:_________________________

Your Address:____________________________________ Phone Number:__________________

Name of Suspected Violator:________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Text of Violated Code:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Nature of the Violation (Be as specific as possible, including day, time, location, etc...)

______________________________________________________________________________

Please include with this violation as an attachment any evidence you have supporting your complaint including any photos.

Please list any witnesses who can support your complaint. (attach additional pages if necessary)

Name ___________________________________________________________________________

Phone _________________________________________________________________________

Email __________________________________________________________________________

______________________________________________________________________________

The above information is true to the best of my knowledge.

Signature:_________________________________________ Date:___________________________