



Election Complaint Form

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:



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Part V- Violation 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.