Student Elections Grievance Form 2024

Please print the following information:

Name of Complainant/Aggrieved Party_____

Local Phone _____ Primary E-mail_____

Name of Respondent/Accused Party_____

Name of Witness_____ Phone_____

Name of Witness_____ Phone_____

Name of Witness_____ Phone_____

Name of Witness_____ Phone_____

Describe in detail the act that prompts this grievance, include date, time, and location (attach additional materials as necessary). Must be presented to the Election Chair within 24 hours of the alleged infraction.

_____
_____
_____
_____
_____
_____
_____
_____

Complainant Signature _____ Date_____