SG
ASSOCIATED STUDENT GOVERNMENT

Associated Student Government

Election Violation Complaint Form

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> ____ ____ ____

ASSOCIATED STUDENT GOVERNMENT		Election	on violat	ion Co	-	nt For 21-202
Filer's information (Please Prir	nt Neatly):					
Full Name (violations may not be file	ed anonymously):					
Student ID:	E-Mail:					
Cell Phone Number:	Classification:	FR SO	JR	SR	GR	LAW
Filer's Signature:						
Description of Complaint:						
Section of ASG Constitution/Election	ns Code/Statement of Electic	ns Violated & I	Explanation	:		
Parties Involved:						
Location/Time:						
Witnesses/Evidence (please include	contact information/descrip	tion):				
1						
2						
3						
	For Official Use Only	7				
Received by Office of Student Activities:						
Received by:		Date:	Tir	me:		
Forwarded to ASGJ:						
Received by:		Date:	Tir	me:		
Forwarded to Elections Commissioner:						