Name of person filing complaint

(______) ______________________

Date

Phone number

Email Address

Person(s) whom complaint is against:

List 700 Codes that were violated:

Describe what happened (be specific – include time and dates):

Signature of student filing complaint

For Official Use Only – Do Not Write Below This Line

Date Rec’d: ______________________ Notice Given: ______________________

Time: ______________________

Proposed Action: ______________________________________________________

Commissioner Votes:

____________________; ______________________;

____________________; ______________________;

____________________; ______________________;

____________________; ______________________;

____________________; ______________________;

____________________; ______________________;

____________________; ______________________;

Recorded this _____ day of ____________, 20___ at ___________________ PM / AM. Signature of Chair

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