

University of Florida Student Government ELECTIONS VIOLATION COMPLAINT FORM



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