

SIDE B
ASLMU Judicial Complaint Form

Complaint Type (Check One)

SRB Code Elections Code Appeal of Elections Committee Decision Constitution/ Bylaws

PART I – COMPLAINANT(S) *Please provide the personal information of the person(s) reporting the violation.*

First	Middle	Last	Student ID
E-mail	Phone		
First	Middle	Last	Student ID
E-mail	Phone		

PART II – RESPONDENT(S) *Please provide the personal information of the person(s) performing the violation.*

First	Last
First	Last

PART III – WITNESSE(S) *Please list all witnesses to the alleged violation.*

Name	Email	Phone
_____	_____	_____
_____	_____	_____

PART IV – VIOLATION DESCRIPTION

_____/_____/_____ Date of Violation	_____:_____:_____ Time of Violation	_____ Location of Violation
Description		
Please cite the specific code(s) which the alleged action violates:		

Please list any evidence supporting this violation claim (feel free to attach any pertinent documents):		

SIDE A

PART V – FOR ELECTIONS RELATED VIOLATIONS ONLY

How does the alleged action violate the spirit of healthy and friendly competition?

How does the alleged action give the perpetrating candidate an unfair advantage in the campaign?

Complainant's Signature _____

_____ Date

ASLMU Office Manager or Elections Committee Member _____

_____ Date

FOR OFFICE USE ONLY

Received By _____ Date ____ / ____ / ____ Time ____ : ____ am pm