

IIMC Election Complaint Form

TODAY'S DATE: _____

THIS COMPLAINT OCCURRED ON: _____

1. PERSON FILING THE COMPLAINT:

FULL NAME: _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

2. PERSON ALLEGED TO HAVE COMMITTED AN UNETHICAL ACT:

3. PLEASE PROVIDE NAMES AND CONTACT INFORMATION OF ANY WITNESSES AND/OR COPIES OF EVIDENCE OF THE VIOLATION:

4. DESCRIBE THE ALLEGED VIOLATION INCLUDING ANY SPECIFIC SECTION OF THE ELECTION POLICY VIOLATED:

5. REASON FOR COMPLAINT: (State specifically the facts that form the basis of your complaint)

I ACKNOWLEDGE THAT BY FILING THIS DOCUMENT, I AM ATTESTING THAT ALL THE STATEMENTS AND INFORMATION IN THIS COMPLAINT ARE TRUE AND FACTUAL TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

PRINT NAME

DATE

(Use additional sheets as necessary)

FOR OFFICIAL USE:	
DATE RECEIVED:	_____
DATE SENT TO THE ELECTION COMMITTEE CHAIR	_____
DATE OF RESPONSE TO COMPLAINANT	_____
DATE OF ELECTION COMMITTEE MEETING	_____
DATE SENT TO IIMC EXECUTIVE BOARD *IF APPLICABLE	_____