

# 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 COMMITTEED AN UNETHICAL ACT:

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

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

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

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**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**

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