



DASB General Election Complaint Form



Candidate or Coalition Name: _____

Cell Phone: () _____ Home Phone: () _____

Email Address: _____

Student ID #: _____ What is the best time to reach you? _____

Eight (8) Digit Student ID Number (NOT Nine (9) Digit Social Security Number or Equivalent)

1. Who was involved?

2. What parts of the DASB Elections Code have been violated?

3. List all the facts that substantiate your claim. Attach any documents you wish to have considered.

Signature

Date

Received By

Date

Completed form must be turned in to the Office of College Life by Monday, May 16, 2011 by 4:00 PM. You must attend the DASB Elections Committee Complaint meeting on Tuesday, May 17, 2011 at TBD.