



DASB Senate and De Anza Student Trustee Elections Complaint Form



Legal Name: \_\_\_\_\_  
First Middle (optional) Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Pager Number: ( ) \_\_\_\_\_

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)

Only complaints submitted on this form and answering all questions shall be considered.

- 1. What is the specific nature of the grievance and who was involved?
2. What specific Election Code article, section, rule, regulation, law, or student right do you allege has been violated?
3. List all the facts that substantiate your claim.
4. Is there any other information you wish to present at this time?
5. Are there any documents you wish to have considered? If so, please attach a copy to this form and note specific sections being cited.

Signature Date

Received By Date

Completed form should be turned in to the Office of College Life (formerly Student Activities) by Friday, May 22, 2009 by 4:00 PM. You must attend the DASB Senate and De Anza Student Trustee Elections Complaint meeting on Tuesday, May 26, 2009 (time TBA). Copies of the Elections Code are available on the DASB Website at www.deanza.edu/dasb or upon request.