DASB General Election Complaint Form

Student 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?

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________________________________________________________________________________________

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

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

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Signature __________________________ Date ______________

Received By __________________________ Date ______________

Completed form must be turned in to the Office of College Life by Tuesday, March 7, 2017 by 4:00 PM.
You must attend the DASB Elections Committee Complaint meeting on Friday, March 10, 2017 at 2:30 PM in TBA.

“Elections Complaint Form.doc”, revised 12/1/2016