



COMPLAINT RESPONSE FORM

As time is of the essence in an electoral event, upon receiving a copy of the complaint, for the response to be considered, this form must be submitted electronically and emailed to: chiefelectoral@uvss.ca within one business day.

TO BE FILLED IN BY THE ELECTORAL OFFICE:

Name(s) of Alleged Offender(s):

Date and Time: _____

Location: _____

Alleged Bylaw or Electoral Policy breach, or other offence:

RESPONDENT:

Your Name: _____

Student Number: _____

Phone Number: _____

Email Address: _____

Please list any witnesses that were present and can confirm that your response to the complaint is truthful.

WITNESS #1:

Name: _____

Signed: _____

Phone Number: _____

Email Address: _____

WITNESS #2:

Name: _____

Signed: _____

Phone Number: _____

Email Address: _____

WITNESS #3:

Name: _____

Signed: _____

Phone Number: _____

Email Address: _____

Your personal information and the information of the above named witnesses will not be shared with the respondent, or anyone outside of the UVSS Electoral Office.

On the next page, please provide details of your response to the complaint. Include any specific dates, places, or documents that are relevant. This information will enable the Chief Electoral Officer to assess your response; without it, assessment of the complaint alleged against you may be delayed. Please reference the section of the UVSS Bylaws or Electoral Policy, or other governing document, to which your response relates. Please refer to Witnesses by the # assigned above.

By signing I hereby affirm that all statements I make on this Response are true and correct to the best of my knowledge.

Signed: _____

Date: _____

