



COMPLAINT FORM

This form must be completed electronically and emailed to: election@uvss.ca

COMPLAINANT:

Your Name: _____ Student Number: _____

Phone Number: _____ Email Address: _____

RESPONDENT:

Name(s) of Alleged Offender(s):

Date and Time of Offence: _____ Location of Offence: _____

Alleged Bylaw or Electoral Policy breach, or other offence:

Please list any witnesses that were present and can confirm that the allegations made against the candidate(s) are 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 a factual description of the events, circumstances or actions, if you know them, that you believe gave rise to the alleged offence. Include any specific dates, places, or documents that you believe are relevant. This information will enable the Chief Electoral Officer to assess your complaint. Without complete detail and supporting evidence, assessment of your complaint may be delayed. Please reference the section of the UVSS Bylaws or Electoral Policy, or other governing document, to which your complaint relates. Please refer to Witnesses by the # assigned above.

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

Signed: _____

Date: _____

