University of Florida Student Government
ELECTIONS VIOLATION COMPLAINT FORM

Form must be submitted in person to the SG office, 305 JWRU. Contact us at (352) 392-1665.

Name of person filing complaint                  Date

(_____ ) ________________________________  ____________________________
Phone number      Email Address

Person(s) whom complaint is against: ____________________________________

List 700 Codes that were violated: ____________________________________

Describe what happened (be specific – include time and dates):

____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________

Signature of student filing complaint

For Official Use Only – Do Not Write Below This Line

Date Rec’d:  _________________________      Notice Given: ________ _______________
Time: ______________________________      ____________ ________________________

Proposed Action: ____________________________________________________________

Commissioner Votes:
____________________ ___;  ____________________ ___;  ____________________ ___;
____________________ ___;  ____________________ ___;  ____________________ ___;

Recorded this _____ day of _______________, 20___    _______________________________________
at ___________________ PM / AM.                     Signature of Chair

Revised 04/28/2010 www.sg.ufl.edu/elections