

# 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