

Graduate Professional Student Congress

Election Violation Complaint Form

2024-2025

Filer's information (Please Print Neatly):

Full Name (violations may not be filed anonymously): _____

Student ID: _____ E-Mail: _____

Cell Phone Number: _____

Filer's Signature: _____

Description of Complaint:

Section of GPSC Constitution/Elections Code/Statement of Elections Violated & Explanation:

Parties Involved: _____

Location/Time: _____

Witnesses/Evidence (please include contact information/description):

1. _____

2. _____

3. _____

For Official Use Only

Received by GPSC Elections Chair:

Received by: _____ Date: _____ Time: _____

Forwarded to Ethics Chair:

Received by: _____ Date: _____ Time: _____

Received by: _____ Date: _____ Time: _____