

## SFSS Elections: Complaint Form

### Complainant

Name:

Contact Info:

Are you a candidate or referenda representative? [ yes ] [ no ]

### Respondent

Name of Candidate:

### Complaint

Location of Occurrence:

Date & Time of Occurrence:

Brief Description of Complaint:

*Please use the back side if more space is necessary. The complainant is required to provide proof that the alleged infractions took place. All evidence must be attached to and submitted with this form.*

### Proposed Remedy

I hereby swear that the statements presented above and any accompanying documents are true and accurate to the best of my knowledge.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### For IEC Use Only

Received By:

Date Filed:

Commissioner Signature: