

ELECTIONS GRIEVANCE FORM

This form is being provided in accordance with Section 2, clause VI of the AS Senate Election Code. **You are strongly encouraged to try to resolve issues in a professional and calm manner before filing this form.** The AS Elections Coordinator is available to offer options, additional information, support in contacting the other party, etc. Please contact the AS Elections Coordinator at as.oce.elections@wwu.edu.

Complainant Name: _____

Phone number: _____ Email: _____

Signature: _____ Date: _____

Grievance Filed Against (name): _____

Who is running for the position of: _____

Specific Section of Code Violated: _____

State the specific violation of the ASWWU Election Code. Give details of when and how the violation was discovered (may attach additional materials):

Received by Election Board Chair: _____
Date: _____ Time: _____