SU Elections: Formal Complaint Form

Any member of the university community may submit a written complaint during the Election Period (prior to the end of Voting). Complaints may be made regarding any perceived violation of the Elections Policy, the Elections Manual, or Union Bylaws that may impact the validity and fairness of a Students’ Union Election. Elections staff will provide an initial response to the Complainant within 24 hours.

Instructions:

1. Tell us your name and how we can contact you. Complaints made anonymously will not be addressed.
2. Ensure you provide us with the full name of the Candidate in question. If possible, indicate which position they are running for.
3. Be concise, provide factual details and attach any evidence. Don’t forget to reference the particular section of the Union Bylaws, Elections Policy, or Elections Manual that you believe have been violated. You must clearly explain how the alleged violation has impacted the validity and fairness of the Election in order for the matter to be addressed. Frivolous or vexatious complaints will not be addressed.
4. Complaint forms are only accepted in person at the SU office (MSC 251), Monday to Friday 8:30 am to 4:30 pm.

If Elections staff are unable to understand what the complaint is about or the form is incomplete, no action will be taken. We reserve the right to contact the Complainant for more information regarding the alleged violation prior to taking any action.

**Note:** *Decisions are made in consultation with SU staff, but remain confidential. Both parties will receive a written confirmation of the final decision.*

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| **Name of Complainant:** | |
| UCID Number: |  |
| Phone Number: |  |
| Email: |  |

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| **Name of Candidate:**  **Position Sought:** | |
| Type of Violation:  Indicate the section(s) of the Election Rules or SU Bylaws that you believe have been violated by this Candidate. |  |
| Explanation:  Provide details or facts that illustrate how the above noted violation has impacted the validity of the Election. |  |
| Evidence:  Indicate or attach some form of evidence (e.g. photo or screenshot) |  |

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| Signature of Complainant |  |
| Submission Date |  |



**For Office Use Only:**

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|  | **Comments (include dates, times, names, etc.)** | **Initials** |
| Complainant contacted: |  |  |
| Investigation started? |  |  |
| Candidate contacted? |  |  |
| Decision: |  |  |
| Follow-up: |  |  |

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| --- | --- | --- | --- |
| Signature of CRO |  | Signature of SU Staff |  |