



Campaign Grievance Form

Campaign Name: _____

Time Stamp: _____

All evidence that you would like the ERC to take into consideration when reviewing this grievance must be attached to this form. This form may either be turned in electronically or physically with a time stamp. Any evidence not submitted with this form will not be considered.

| INFRACTION | | | |
|---|--|-------------|--|
| <i>Date</i> | | <i>Time</i> | |
| <i>Location</i> | | | |
| DESCRIPTION (USE ADDITIONAL PAPER IF NECESSARY) | | | |
| | | | |
| STATUTE OR ROP BELIEVED TO BE VIOLATED | | | |
| | | | |

Reported By
(Include e-mail address): _____ Date _____

Accepted By: _____ Date _____

Supervisor of Elections: _____ Date _____