

ELECTIONS

Complaint Form

Mohawk Students' Association
ELECTIONS COMPLAINT FORM

MOHAWK STUDENTS' ASSOCIATION
ELECTION COMPLAINT FORM

This Complaint Form is for incidents occurred during the Elections Campaign period. Please be as detailed and truthful as possible. Our Chief Returning Officer will analyze your complaint and consider any appropriate disciplinary actions, as well as, take the appropriate measures to ensure the reported situation will not occur at any other time in the future.

COMPLAINANT INFORMATION

Date (MM/DD/YYYY): _____/_____/_____

Full Name: _____

Student #: _____

Mohawk College Email: _____

Street Address: _____ **Apt/Unit #:** _____

City: _____ **Province:** _____ **Postal Code:** _____

Phone Number: _____

PROCESS:

1. Fill out the Election Complaint Form and return it, signed (electronic submission and signature is acceptable), with any witness statements attached, to the Chief Returning Officer (email: msa.elections@mohawkcollege.ca).

2. The Chief Returning Officer will set up meetings with all involved parties and will deliver their decision within 3 business days.

3. Any appeals of the decision from the Chief Returning Officer must be submitted, through election submission and e-signature, within 2 days of receiving CRO's decision.

INCIDENT DETAILS

Date of the Reported Incident (MM/DD/YYYY): _____/_____/_____ Time: _____

Incident Location: _____

Candidates Involved: _____

Describe the Incident (please describe, in point form, the violation and on what grounds (refer to campaign rules) you are filing this complaint):

I certify that the above information is true. I acknowledge that any false statements are subject to disciplinary actions as per the Governance Policy and Elections Rules, enforced by the Chief Returning Officer.

Signature: _____ **Date** (MM/DD/YYYY): ___/___/_____

WITNESSES

Please attach all witness statements:

Name: _____

Student #: _____

Email: _____

Phone: _____

Statement Attached: ☐ YES / ☐ NO

Name: _____

Student #: _____

Email: _____

Phone: _____

Statement Attached: ☐ YES / ☐ NO

Name: _____

Student #: _____

Email: _____

Phone: _____

Statement Attached: ☐ YES / ☐ NO

Internal Use Only:

Received by: _____

Date: _____

Initials: _____