Complaint against: ________________________________

Summary: ________________________________________

Comments (please include date, time, and location and as much information as possible):
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Specific Violation (reference the official election rules, Bylaw 10 – Elections or Bylaw 10/A – Electoral Procedure):
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
The Elections Committee encourages you to submit whatever evidence you have, be it testimony, pictures, video/sound recordings and logical arguments. Please provide as much detail as possible to support your claim. Additional comments may be attached if necessary.

**This form must be submitted by March 8th, 2018 at 4:30 pm.**

Date/time this form was submitted: _____________________________  Receiver of complaint: _____________________________

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**Complaint Form – MSU Elections**

<table>
<thead>
<tr>
<th>Name of Submitter</th>
<th>Student Number</th>
<th>MacID</th>
<th>Faculty/Program</th>
<th>Contact Information</th>
<th>Signature</th>
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<tr>
<th>Name of Witnesses</th>
<th>Student Number</th>
<th>MacID</th>
<th>Faculty/Program</th>
<th>Contact Information</th>
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**Elections Department**, MUSC room 201 | msumcmaster.ca/elections
**Email**: election@msu.mcmaster.ca | **Tel**: 905-525-9140 ex. 24118