ASI ELECTION COMPLAINT FORM

Name: ________________________________

Phone #: ___________________________ email ___________________________

Mailing address: ________________________________

Complaint Description: Complaints can include photos if needed. The elections commissioner will review and respond to complaints to all complaints. Be sure to include names, dates, and location of violation.

Received by: ___________________________ Time/Date: ___________________________

Reviewed by ASI Elections Commissioner: Date ___________________________ Time ___________________________

Comments: ________________________________

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