

Please list any witnesses that were present and can confirm that the allegations made against the candidate(s) are truthful.

WITNESS #1:

Name: _____ Signed: _____

Phone Number: _____ Email Address: _____

WITNESS #2:

Name: _____ Signed: _____

Phone Number: _____ Email Address: _____

WITNESS #3:

Name: _____ Signed: _____

Phone Number: _____ Email Address: _____

The UVSS Elections Office requires your personal details in order to investigate this complaint, and to follow up with a ruling. Your personal information and the information of the above named witnesses will not be shared with the respondent, or anyone outside of the UVSS Elections Office.

By signing below I hereby affirm that the above statements are true and correct to the best of my knowledge.

COMPLAINANT:

Name: _____ Student Number: _____

Phone Number: _____ Email Address: _____

Signed: _____ Date: _____