



*Election Inquiry Form*

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**STUDENT GOVERNMENT - ROOM 1643 - 925.424.1490**

_____ Last Name	_____ First Name	_____ W #
_____ Email	_____ Phone #	_____ Date

Do you request to be anonymous? (circle) Yes or No

**Description of Inquiry**

Name of campaign member/ slate: \_\_\_\_\_

Date and time of incident: \_\_\_\_\_

Name of witnesses (if applicable): \_\_\_\_\_

Comment/description of inquiry: \_\_\_\_\_



<b>Office Use Only</b>		
Assessed by Director of Student Life: _____	Signature	Date
Assessed by Election Chair: _____	Signature	Date
Comments/ Resolution: _____ _____ _____ _____		