

# **ASUO ELECTIONS GRIEVANCE AND COMPLAINT FORM**

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you currently enrolled as a student at the University of Oregon? \_\_\_\_\_

## **FACTUAL CHRONOLOGY OF YOUR GRIEVANCE/COMPLAINT**

**Describe the situation and present the facts in the order in which they occurred. Include names, titles, and describe any affiliation to the 2015 ASUO Elections.**

**Describe any steps that you have taken to resolve the conflict. Include any official procedures that have been followed.**

**Are you aware of any laws, rules, etc. that you believe have been violated? If so, please list them. Please refer to the University and State laws.**

**What is your desired outcome of the grievance/complaint?**

**All of the information provided above is true to the best of my knowledge. I understand that the ASUO Elections Coordinator will be referring this to the appointed Hearings Officer. I further understand that neither the Elections Coordinator nor the Hearings Officer are lawyers and cannot provide legal advice.**

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**Grievant's Signature**

**Date**

**If you are unhappy with the resolution of this grievance, you may appeal to the ASUO President or to the ASUO Constitution Court.**