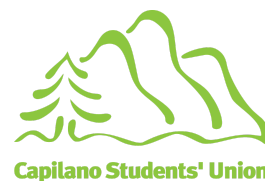


# Election Complaint



You can submit an official election complaint if you believe that:

- a candidate has engaged in prohibited campaign activities
- multiple candidates are campaigning together (as a "slate," which is prohibited)
- a candidate has broken any other election rules
- the election process has been otherwise violated

If you submit an official election complaint:

- the onus is on you to prove that your complaint is true
- your complaint will be provided to the respondent(s)
- your complaint will be published at [csu.bc.ca/elections](https://csu.bc.ca/elections)

A complaint must be received **within 48 hours** of you becoming aware of the incident. If there are extenuating circumstances that the elections administrator should consider in allowing a late complaint, describe those extenuating circumstances in your complaint.

Once completed, send your complaint and any clearly-labelled evidence attachments to:

**Kalpna Solanki**

Elections Administrator

Email: [elections@csu.bc.ca](mailto:elections@csu.bc.ca)

## Section 1: Your Information

|                                        |
|----------------------------------------|
| FULL NAME                              |
| CAPILANO UNIVERSITY EMAIL ADDRESS      |
| PREFERRED EMAIL ADDRESS (if different) |
| STUDENT NUMBER (if a student)          |

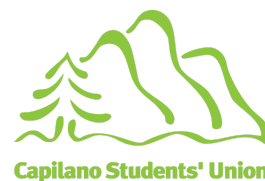
Are you:

- ☐ a candidate
- ☐ a candidate's campaigner
- ☐ a student
- ☐ other: \_\_\_\_\_

 Document is **RESTRICTED** when completed (see [Information Classification Policy](#))

**Privacy note:** The personal information that you provide to us on this form will be used in accordance with CSU's privacy policy. If you have questions about how we manage your personal information, visit [csu.bc.ca/privacy](https://csu.bc.ca/privacy).

# Election Complaint



## Section 2: Complaint Details

|                                                                                  |                       |                   |
|----------------------------------------------------------------------------------|-----------------------|-------------------|
| FULL NAME OF PERSON(S) YOU ARE COMPLAINING ABOUT                                 |                       |                   |
| DATE AND TIME OF INCIDENT (if known)                                             |                       |                   |
| DATE AND TIME YOU BECAME AWARE OF THE INCIDENT                                   |                       |                   |
| Please provide the name and contact details of any witnesses to the incident(s). |                       |                   |
| WITNESS FULL NAME (1)                                                            | WITNESS EMAIL ADDRESS | WITNESS TELEPHONE |
| WITNESS FULL NAME (2)                                                            | WITNESS EMAIL ADDRESS | WITNESS TELEPHONE |
| WITNESS FULL NAME (3)                                                            | WITNESS EMAIL ADDRESS | WITNESS TELEPHONE |

Please provide a detailed description of the incident about which you are complaining including specific dates, times, and locations (if known). If you need more space, please attach a separate document clearly labelled alongside your complaint form.

|                         |
|-------------------------|
| DESCRIPTION OF INCIDENT |
|-------------------------|

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# Election Complaint



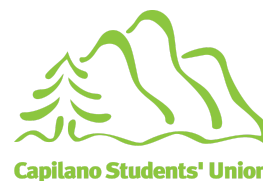
DESCRIPTION OF INCIDENT (continued)

REQUESTED RESOLUTION/OUTCOME

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# Election Complaint



If you have evidence to support your complaint (such as screenshots, videos, photographs, audio or video recordings, text messages, or other physical or electronic evidence), please describe the evidence here and include them as attachments when you email this completed form to the elections administrator at [elections@csu.bc.ca](mailto:elections@csu.bc.ca). If any evidence is in languages other than English, include a description of the material.

DESCRIPTION OF EVIDENCE

## Section 3: Publication of Complaint

Complaints are posted at [csu.bc.ca/elections](https://csu.bc.ca/elections) and are publicly accessible records. Anonymous complaints are only permitted where the elections administrator is satisfied that a complainant's personal safety or security would be at risk if identified.

- ☐ **I agree to be identified in my complaint** (skip this section, go to section 4)
- ☐ **I am requesting to remain anonymous** (complete this section)

If you are requesting to remain anonymous, please describe how your personal safety or security would be at risk as a result of making a complaint, provide evidence to the elections administrator of the potential risk (such as screenshots or threatening messages), identify which person(s) is the source(s) of the safety or security risk to you, and identify the nature of the risk (e.g., violence).

DESCRIBE HOW YOUR SAFETY/SECURITY IS AT RISK

If you are involved in or have witnessed a crime or an emergency, you should contact 9-1-1 or campus security at (604) 984-1763. If you believe that a student has engaged in

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# Election Complaint



conduct that violates the student code of conduct, you should contact student affairs and make a report about the misconduct at [studentconduct@capilanou.ca](mailto:studentconduct@capilanou.ca).

Have you reported your safety/security concerns to Capilano University?

- ☐ yes  
☐ no

If you **have not** reported your safety/security concerns but you are still asserting that these concerns are serious enough to warrant you being anonymous, please explain why you have not reported your concerns to the university.

EXPLAIN WHY YOU HAVE NOT REPORTED YOUR SAFETY/SECURITY CONCERN (if applicable)

## Section 4: Certification

I certify that the information I have included in this election complaint is true to the best of my knowledge. I acknowledge and understand that making intentionally false statements to the elections administrator is a serious offence.

SIGNATURE

DATE

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