

Election Complaint Form

Important! Ensure that you have read the Election Complaint Policy to find out what types of complaints are within the Town Clerk’s authority to investigate.

This Form is confidential when completed. ***All fields are mandatory.**

Complainant Information	
Anonymous complaints will not be accepted or investigated.	
*First Name:	*Last Name:
Complainant Contact Information	
*Address:	
*Town/City:	*Postal Code
*Phone Number (Daytime):	Phone Number (Evening):
*Email Address:	

Complaint Information

Provide details of the complaint, such as the name of the candidate or registered third party advertiser, election staff, the alleged contravention, dates and times of the alleged event, and any other information that is relevant to the complaint.

For Office Use Only	
Date Form received:	Time Form received:
Complaint received by: <input type="checkbox"/> Phone <input type="checkbox"/> In-Person	
Name of staff member(s) receiving the Form:	
Date of Complaint resolution:	
<input type="checkbox"/> Documentation of resolution attached <input type="checkbox"/> Follow up with Complainant completed <input type="checkbox"/> Follow up with Candidate or Registered Third Party <input type="checkbox"/> CRM completed	