NSPRA CAMPAIGN COMPLAINT FORM

Only voting members of NSPRA may file election complaints. All complaints must be submitted in writing on this form and it must be signed by the complainant. The complaint form must be filed within 15 calendar days of the election violation or of knowledge of such violation. All complaints shall be directed to the NSPRA President. Complaints will be reviewed and ruled upon within 30 days following the receipt of the complaint.

All complaints will be kept confidential unless the investigation itself or the eventual remedy might reveal the source. When confidentiality cannot be maintained for these or any other reason, the President shall notify the complainant of the circumstances and offer the complainant the opportunity to withdraw, sustain or amend the complaint.

Non-compliance or violations of the campaign policies and/or Candidate’s Campaign Pledge may result in action by the NSPRA Executive Board, ranging from oral correction, a letter of reprimand, to disqualification. The candidate found to be in violation will be notified immediately of the consequences. The complainant will be notified that action has been taken.

Date campaign complaint form submitted to NSPRA: ____________________________

Candidate accused of alleged campaign violation: ________________________________

Description of alleged campaign violation (may be continued on an attached page):

Provide a description of and attach copies of all evidence to be considered:

Date(s) of alleged campaign violation or knowledge of alleged campaign violation: _________________________________________________
CONFIDENTIAL

Complainant:___________________________________________________________________

(Please type or print)

Signature:___________________________________________________________________

Member ID Number:___________________________________________________________

District/Organization:_________________________________________________________

Address:___________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Telephone:___________________________________________________________________

FAX: ______________________________________________________________________

E-mail:_____________________________________________________________________

Please return to: NSPRA President
NSPRA
15948 Derwood Rd.
Rockville, MD 20855

Phone: (301) 519-0496 FAX: (301) 519-0494

To be completed by NSPRA

Date received at NSPRA offices:_________________________________________________

NSPRA ID Number of complainant:_______________________________________________

Verification that complainant is a voting member of NSPRA: ___yes ___no