Complaint Form ASUNM Judicial Branch

Full Name (Anonymo	ous Complaints not accepted)):		
Student ID:	UNM Email Address	s:		
Phone Number:				
Name of Individual o	r Party Accused:			
	M Governing Documents of Spage number):	-	·	nt, Section, All
	icial complaint against (Name ASUNM laws or guidelines, a			, who engaged
nature. If you need n	the complaint. Be succinct, fa nore space, attach additional k of this page, after all comp	l pages. Attach an	y supporting documentation	on in proof of your
	detailed above, I request the	• ,	optional – you are not requ	uired to fill out this
Complainant's Signat	cure:		Date:	_
For Official Use Only	:			
Received by:		Date:	Time:	
Case Number:				

Should a hearing be scheduled in connection with this complaint, I request the following witnesses be subpoenaed on my behalf:					