# **Small Donor Elections Complaint Form**

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| **Any candidate may file a written complaint about a violation of the Small Donor Elections law or rules. Complaints must be made in writing and signed. Anonymous complaints may not be investigated. Complaints must be filed by:**   * **More than 42 days out from a primary/general: Within 30 days of the alleged violation.** * **0-42 days before the primary/general: Within 7 days of the alleged violation.**   **Submit by email or mailing or dropping off to Small Donor Elections, 1221 SW 4th Avenue, Room 220, Portland, OR 97204.** |

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| **PART 1:** 🞏 Original 🞏 Amendment 🞏 Withdrawal |
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| **PART 2: COMPLAINANT INFORMATION** *(all information is required)* |
| **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Complaint made against:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Only candidates may file an official complaint. However any organization or member of the public may call or email our office with tips if they believe there a violation occurred* |

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| **PART 3:** Allegations. Provide the facts of the alleged violation, including specific information as to who, what, where, why, when, and how (as applicable). You may include multiple allegations if necessary. Attach any evidence you may have, including screenshots, receipts, news stories, or any other applicable documentation that would support your complaint. Refence with as much specificity as possible which part of the Code or rules or guidance was violated. You may attach additional sheets for more space.  **Part 3 continued** |

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| **PART 4: Complainant must initial to acknowledge each of the following:**  *\_\_\_\_ I understand that my submitted form may be subject to public records request. It may also be viewed by the campaign that the complaint is made against.*  *\_\_\_\_ I attest that the information provided by me is true to the best of my knowledge.*  *\_\_\_\_ I understand that this complaint may be considered as part of an investigation, and it may be referenced as part of the appellate process that could result from an investigation’s ruling.*  *\_\_\_\_ I am available to provide further information or details should Small Donor Elections staff request it, as part of a potential investigation.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Complainant Signature Date** |

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| **PART 5: Notary Public Certificate. To be completed by the Notary Public after the complainant swears or affirms.**  State of OREGON  County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed and sworn to, or affirmed, before me \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)  By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of individual)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Notary Public – State of Oregon |