

**COMPLAINT FORM**  
**FAIR CAMPAIGN PRACTICES COMMITTEE**

Please complete and send to the League of Women Voters, PO Box 118660,, Syracuse 13218  
Fax: 448-7299

**FROM:**

Name of Candidate: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate for: \_\_\_\_\_  
(office, district, jurisdiction)

**I HEREBY MAKE A COMPLAINT OF UNFAIR CAMPAIGN PRACTICES AGAINST:**

Name of person/group: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_ Date: \_\_\_\_\_

Candidate for: \_\_\_\_\_  
(office, district, jurisdiction)

**DESCRIPTION OF UNFAIR PRACTICE:** On the next page **briefly** describe what you claim is an unfair practice. Include documentation, such as a newspaper ad or campaign brochure, radio or TV script or a public statement. Complaints must be concise enough to be presented during the ten-minute time allotted at the hearing. **Complaints must be signed by the candidate** (see page 2).

1. The Fair Campaign Practices Committee will review complaints from all candidates who run for office in Onondaga County. Complaints must be received within 10 days of their initial publication or occurrence. Complaints occurring in the seven days before the election must be filed immediately in order to be heard prior to the election. No hearings will be held on Election Day.
2. On the same day the complaint is filed with the Committee a copy of the complaint with all relevant materials must be sent by certified mail or personally delivered by the serving candidate to the candidate complained against.
3. All decisions will be released by the Committee chair to the candidates and the news media as soon as possible after the votes are taken. The Committee will not delay public release of its decision even if unable to make direct contact with the candidates.

**DESCRIPTION OF COMPLAINT:**

Name of newspaper or brochure: \_\_\_\_\_ Date: \_\_\_\_\_

Radio or TV station: \_\_\_\_\_ Date/time aired: \_\_\_\_\_

Other: \_\_\_\_\_ Date: \_\_\_\_\_

*(Please include copies of relevant material)*

**Briefly** describe below what you claim is a violation of the Pledge.

**I CERTIFY THAT COPIES OF THIS COMPLAINT HAVE BEEN PROVIDED TO THE PERSON COMPLAINED AGAINST AS REQUIRED.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

