

	<input type="checkbox"/> Copy
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	<input type="checkbox"/> Record in Database

**VIOLATIONS/COMPLAINT FORM**

City of Boulder Form 13-4-2, BRC, 1981

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Print Full Name of Complainant

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City

State

Zip

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Daytime Phone Number

Evening Phone Number

Email Address

The information contained in this filing is true and correct to the best of my knowledge.

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Signature of Complainant

Date Submitted

**VIOLATION ALLEDGED**

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Candidate or Committee Complaint Filed Against

Committee ID#

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Violation of Boulder Ordinance Section, Charter Section, or State Election Law

Please describe specifically how the above law(s) were violated. Attach any relevant documents or supporting information.

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