

Council Election 2024
Complaint Submission Form

Personal Information	
Full Name:	
Membership No:	
Contact No:	
Email Address:	
Status:	<input type="checkbox"/> Candidate
	<input type="checkbox"/> Voter
Complaint Details	
Detailed Description of Complaint:	

Supporting Evidence (if any): <i>To be attached with this form</i>	
Signature:	
Date:	
For Official Use Only	
Received By:	
Date Received:	
Action Taken:	
Date of Resolution:	
Remarks:	

Note: Pursuant to section 16 (b) of the Election Guideline, complaint form shall be submitted within 24 hours after the announcement of the tentative results

Please email the form to info@camaldives.org