

**PARTY LIST DISPUTE RESOLUTION
COMPLAINT FORM**

Complainant(s)

Name.....
ID/PP No.....
Address.....
Tel No..... Email (optional).....

Respondent(s)

Name.....
Address.....
Tel No.....

COMPLAINT

Complaint in regard to the nomination of.....(*Indicate name of nominee*) for
theList in..... County/National Assembly/Senate
for the.....(*Indicate name of party*) Party Lists.

The Complainant(s) state that the nomination was improper due to (*state facts and grounds on
which the complainant(s) rely on*)

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.....

Wherefore the Complainant(s) pray that it be determined that the said
..... (*indicate name of nominee(s)*) was not duly
nominated and the nomination was void (or as the case may be) or that the said
.....(*indicate name of the list*) is not compliant and therefore
void (or as the case may be)

Dated thisday of....., 20.....

(Signed).....

Note:

- i. This form and the attachments should be filled in 6 sets.