

Appendix Q – Original Election Challenge Form

Please remember that a challenge to a local chapter/unit must first go to the local elections committee chairperson and local president. If the findings of the Local Elections Committee did not satisfy the challenger(s), within 10 days of those findings, then the exact same challenge may be appealed to the CTA President at ctaelections@cta.org, along with the official CTA Appeal Form located in Appendix K. (Note: Rules governing state council elections are located in the white manual section of the *CTA Elections Manual*.)

***Please note that challenges to any state NEA RA Delegate elections must be filed directly with the CTA President at ctaelections@cta.org.** Please use the form located in Appendix K.

In order to file a challenge to a unit election, the challenger(s) shall complete the following items and attach copies of all documents required to support the challenge:

The challenge as represented in this form, with attachments, shall first be submitted to the Unit’s Election Committee Chairperson within the timelines as specified in CTA’s *Requirements for Chapter Election Procedures*.

I/we wish to file a challenge to an election as follows:

Challenger 1 Name	Day Phone:
Street #:	Evening Phone:
City/Zip	Mobile Phone:
<i>Personal</i> Email Address:	Original Challenge Filing Date:

Challenger 2 Name	Day Phone:
Street #:	Evening Phone:
City/Zip	Mobile Phone:
<i>Personal</i> Email Address:	Original Challenge Filing Date:

If there are additional chapter/unit members challenging the election, please include their information on a separate page & attach.

Type of Election/Officer position(s) being challenged (check only those that are being challenged):		
<input type="checkbox"/> President	<input type="checkbox"/> Director(s)	<input type="checkbox"/> Local NEA RA Delegate
<input type="checkbox"/> Vice President	<input type="checkbox"/> State Council Representative	<input type="checkbox"/> Other _____
<input type="checkbox"/> Secretary and/or Treasurer	<input type="checkbox"/> State Council Alternate	
Election Dates: _____		
	Date(s) Election Held	Date Ballots Counted (Including any run-offs if necessary)

Witnesses: Individuals who can serve as witnesses, what they can attest to, and contact information for each:

Witness 1 Name	Day Phone:
Street #:	Evening Phone:
City/Zip	Mobile Phone:
<i>Personal</i> Email Address:	Fax #:

Witness 2 Name	Day Phone:
Street #:	Evening Phone:
City/Zip	Mobile Phone:
<i>Personal</i> Email Address:	Fax #:

If there are more witnesses, please include their information on a separate page and attach.

Chapter Information:

Chapter Name:	Office #:
Chapter Email:	Fax #:

Chapter President Name:	President's Phone #:
President's Email Address:	

Chapter Elections Committee Chair Name:	Elections Chair Phone #:
Elections Chair's Email Address:	

Attach the following:

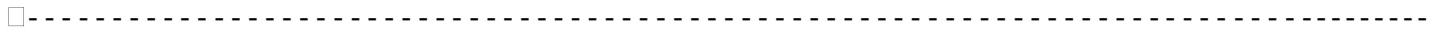
1. Cite the local bylaws, standing rules, and/or *CTA Elections Manual* section(s) and then summarize how and when they were violated.
2. Copies of election materials, for example: timelines, instructions, chapter literature related to the election, campaign flyers, etc.
3. Local unit bylaws and standing rules.
4. Individual Witness Documentation form(s) if any witnesses are reported above.

[Revised 6/11, 6/13, 6/14, 6/15, 6/17]

Individual Witness Documentation

Witness 1 Name (please print) _____
Do you believe you witnessed an election violation? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please briefly describe the election violation:

Witness
Signature: _____ Date: _____



Individual Witness Documentation

Witness 2 Name (please print) _____
Do you believe you witnessed an election violation? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please briefly describe the election violation:

Witness
Signature: _____ Date: _____

[Adopted 6/14]