Appendix R – Official CTA Appeal Form

TO: CTA President (email this form to <u>ctaelections@cta.org</u>)

I/we wish to file an appeal to the decision of my unit's governance body in response to an election challenge.

Please check: I am the original challenger. Please include your original challenge form and the local

- chapter executive board's written decision.
- □ I am not the original challenger, but I am a candidate affected by the decision of my unit's governance body in response to an election challenge.

Appealer Name	Day Phone:
Street #:	Evening Phone:
City/Zip	Mobile Phone:
Personal Email Address:	CTA Appeal Filing Date:

Chapter Information:

Chapter Name:		Office phone & email:
Chapter President:		President phone & email:
Chapter Elections Committee C	Chair:	Elections Committee Chair phone & email:
Type of Election/Officer position(s) being challenged (check only those that are being challenged):		
President	Director(s)	
U Vice President	State Council Representative	Other
Secretary and/or Treasurer Election Dates:	State Council Alternate	
	Date(s) Election Held	Date Ballots Counted (including any run-offs if necessary)
Challenge Dates:	Date Original Challenge Filed with Local	Date Local Decision was Made
Result of Local Decision: (Check all that applies)	Challenge denied	Challenge upheld
	Election results upheld	Election to be re-run
	Other: (please specify)	

Attach the following:

- If you are the original challenger, attach your original challenge form. If you are not the original challenger, you may submit this form by itself.
- Copies of election materials, for example: timelines, instructions, chapter literature related to the election, campaign flyers, etc. [Adopted 6/13, Revised 6/15, 6/17]