

Clark County Democratic Party Central Committee COMPLAINT FORM

Referral to Dispute Resolution Committee

(Please consult the Clark Democratic Party Bylaws and Dispute Resolution Policy before completing this form)

Section 1.

Complainant Name		
Precinct #		
Contact Information	Phone:	E-mail:

Section 2.

Respondent Name		
Respondent Precinct # or Title		
Contact Information (if known)	Phone:	E-mail:

Section 3. I am requesting the Dispute Resolution Committee to (please check the appropriate action):

Check Below	Conduct an investigation pursuant to Article VII, Section 10(d) of the Bylaws, of an offense which may constitute grounds for removal the Respondent from Office, Committee membership, and/or Central Committee Membership
<input type="checkbox"/>	Please cite (by Article, Section & Paragraph) any specific provision(s) of the CCDP Bylaws or Policies which you allege have been violated: <u>Article 4, Section 5, Article 11 Section 4a, Article 5 Section 5a, Article 6 Section 6</u> _____, follow the instructions in Section 4 below, and provide the required signatures in Appendix A.
Check Below	Conduct an investigation pursuant to Article VII, Section 10(e) of the Bylaws, of an offense which may constitute grounds for revocation or suspension of an organization's charter.
<input type="checkbox"/>	Please cite (by Article, Section & Paragraph) any specific provision of the CCDP Bylaws or Policies which you allege have been violated _____, follow the instructions in Section 4 below, and provide the required signatures in Appendix A.
Check Below	Assist in the mediation of an unresolved dispute.
<input type="checkbox"/>	Please follow the additional instructions in Section 5 below. By requesting dispute resolution, the Complainant certifies that he/she has addressed the matter with the Chair, Executive Board, or CCDPCC and feels that the concern has not been equitably or impartially addressed.

Section 4. Instructions for Complaint for Removal from Office

- a) Attach a Statement of Complaint, that includes a clear statement of the facts that you allege constitute grounds for removal from office. Please be specific, citing to provisions in the Bylaws where appropriate, provide dates and location, where possible, that any relevant acts occurred, and give details of any statements made and by whom they were made.
- b) If there are witnesses to the facts contained in your statement, please identify those witnesses and provide their contact information (telephone and/or e-mail) along with a brief description of the information they may have relative to the facts at issue.
- c) Provide any written documentation, photos, or other evidence that support the facts alleged in your Complaint.
- d) E-mail this completed form, your Statement of Complaint, and all supporting documentation to the Chair of the Dispute Resolution Committee, Sam Lieberman regentsamlieberman@gmail.com. Please submit all documentation in .pdf format and, wherever practicable, as a single file of less than 10 Mb.
- e) If you are unable to transmit your materials electronically, provide an original and six (6) copies of this form, your Statement of Complaint, and all supporting documentation. Ensure that each original and copy is firmly stapled or otherwise bound, and send to the Dispute Resolution Committee Chair at the following address: Sam Lieberman, Dispute Resolution Chair, c/o Clark County Democratic Party, 2320 Paseo del Prado, Suite B107, Las Vegas, NV 89102. Please mark the envelope Confidential.

NOTE: Pursuant to the CCDPCC bylaws the Respondent will be provided with a copy of your Statement of Complaint and all supporting materials, and be given an opportunity to respond in writing. A copy of any response provided will be provided to you within 3 days of its receipt.

Section 5. Instructions for Request for Informal Dispute Resolution (Mediation)

- a) Attach a confidential statement containing the following information:
 1. A clear statement of what happened and how it has affected you. Please be specific, citing to provisions in the Bylaws where appropriate, provide dates and location, where possible, that any relevant acts occurred, and give details of any statements made and by whom they were made;
 2. The attempts you have made to resolve the problem(s) – Whom have you contacted?; When?; What was/were the result(s)?
 3. A clear statement of the redress you are seeking.
- b) If there are witnesses to the facts contained in your statement, please identify those witnesses and provide their contact information (telephone and/or e-mail) along with a brief description of the information they may have relative to the facts at issue.

- c) Provide any written documentation, photos, or other evidence that support the facts alleged in your Complaint.
- d) Provide 4 dates and times (outside of regular business hours) within the next 60 days that you will be available to attend a mediation of the matter.
- e) E-mail this completed form, your Statement of Complaint, and all supporting documentation to the Chair of the Dispute Resolution Committee, Michael Leslie at: mscleslie@embarqmail.com. Please submit all documentation in .pdf format and, wherever practicable, as a single file of less than 10 Mb.
- f) If you are unable to transmit your materials electronically, provide an original and six (6) copies of this form, your statement and all supporting documentation. Ensure that each original and copy is firmly stapled or otherwise bound, and send via mail to the Dispute Resolution Committee Chair at the following address:

Michael Leslie
 8942 Hinson St
 Las Vegas, Nevada 89139

NOTE: The mediation process is designed to effectuate a resolution of disputes in a confidential manner. Respondent will NOT be provided with a copy of the Complainant's confidential statement. The respondent will be provided with notice of the identify of the complaining party, and a general description of the matters at issue. Respondent will also be given an opportunity to submit a responsive statement with supporting materials, which will also remain confidential.

Pursuant to the Bylaws of the CCDP requiring confidentiality of the proceedings, by submitting to mediation, the parties agree to adhere to the requirement for confidentiality of the proceedings and not to engage in public discourse of the matters at issue or public disparagement of the opposing party.

Section 6. Verification and Signature of Complainant

The undersigned Complainant verifies that all of the statements contained in his/her Complaint are true of his/her own knowledge, except for those matters that are stated to be on information and belief, and as to those matters Complainant believes them to be true.

Complainant attests that this Complaint is brought in good faith and not merely for the purposes of harassment.

Complainant understands and acknowledges that all records of the dispute/mediation process, including the complaint and supporting documents becomes the property of the Clark County Democratic Party, is not subject to public disclosure and may only be disclosed to the parties, the members of the Dispute Resolution Committee, and their counsel as necessary for any subsequent legal proceedings. Complainant further understands and acknowledges that there is no recording of any proceedings of the Dispute Resolution Committee.

Signature:

Date: _____

Appendix A.

Supporting Signatures (Required for matters brought pursuant to Article VII, Sections 10(d) and/or (e) of the Clark County Democratic Party Bylaws.)

The undersigned individuals attest that they are members in good standing of the Clark County Democratic Party Central Committee and, by signing below, support the Complainant's Complaint. The undersigned acknowledge that the allegations at issue, if found true, may result in the removal of an Officer or Committee member, or the revocation of a Club or Caucus Charter.

Full Name & Precinct # (please print)	Signature	Telephone	E-mail	Date