

# CHALLENGE FORM

Name of challenger (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Jurisdiction (insert name or numbers):

Congressional District: \_\_\_\_\_ Organizing Unit: \_\_\_\_\_ Precinct: \_\_\_\_\_

**If there is more than one challenger, please provide the contact information for each on additional signed form(s).**

Event: \_\_\_\_\_ Event Date: \_\_\_\_\_

Type of challenge (check at least one):    Member/Delegate/Alternate election    Endorsement    Outreach and Inclusion  
Platform/Resolutions    Other (specify): \_\_\_\_\_

Grounds for challenge (check at least one):    Improper procedure    Dishonesty    Fraud    Member of another political party  
Other (specify): \_\_\_\_\_

Detailed explanation of challenge:

Specific remedy sought:

Name(s) of person(s) or action(s) challenged:

Address and telephone number of person(s) challenged (if available):

I affirm that the above is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All challenges must be in writing and must be postmarked, hand delivered or arrive by fax or e-mail within 10 calendar days after the date the challenged action occurred. File with the State DFL Chair, 255 East Plato Blvd., St. Paul, MN 55107, by e-mail at chair@dfi.org or by fax 651-251-6325. For assistance or further information, call 651-293-1200 or call toll free 1-800-999-7457.

**Use additional sheets as needed.**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_