



Indiana Republican State Committee  
Complaint / Sample Discovery Form  
**FORM CM-3** (January 2023)

NAME OF COMPLAINANT: \_\_\_\_\_

NAME OF RESPONDENT: \_\_\_\_\_

DATE OF COMPLAINT FILING: \_\_\_\_\_

DATE OF HEARING: \_\_\_\_\_

TIME OF HEARING: \_\_\_\_\_

LOCATION OF HEARING: \_\_\_\_\_

The Complainant and Respondent must identify in writing the 1) name 2) address and 3) party positions of the persons to represent them and/or testify on their behalf at least forty-eight (48) hours prior to the start of the hearing.

The Complainant and Respondent must identify the documents to be introduced by each party by title of the document and a brief description at least forty-eight (48) hours before the hearing.

EMAIL THIS FORM TO THE DISTRICT CHAIRMAN AT: \_\_\_\_\_

**NOTE:** A copy of the lists of persons and documents will be emailed to the Complainant and Respondent at least twenty-four (24) hours prior to the hearing.

COMPLAINANT EMAIL ADDRESS: \_\_\_\_\_

RESPONDENTE EMAIL ADDRESS: \_\_\_\_\_