

COMPLAINT FORM

DATE OF COMPLAINT: _____

DATE AND TIME OF OBSERVATION: _____ AM/PM

LOCATION OF OBSERVATION: _____

WHO WAS INVOLVED: (Slate Name/Candidates/Campaign members):

1. _____

2. _____

3. _____

WHAT HAPPENED (be specific, attach evidence and additional sheets if needed):

Signature of filing complaint

Please Print here

Phone number

E-mail Address

Please give this complaint form to an Elections Committee Member, Supervisor or the Director of Elections immediately.