



SECRETARY OF STATE  
STATE OF CALIFORNIA

**ELECTION COMPLAINT FORM**

For Help America Vote Act (HAVA) complaints or other election-related complaints.

Important: Please *Type* or *Print* the information on this form.

**COMPLAINANT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Evening: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

**PERSON(S) OR ORGANIZATION(S) AGAINST WHOM COMPLAINT IS BROUGHT**

Name(s): \_\_\_\_\_  
Organization(s): \_\_\_\_\_  
Position(s) of person(s) (if applicable): \_\_\_\_\_

**STATEMENT OF FACTS**

Date(s) and time(s) alleged event(s) occurred: \_\_\_\_\_  
Location(s) of alleged event(s): \_\_\_\_\_  
Names and phone numbers of witnesses or other victims (if applicable): \_\_\_\_\_

**DESCRIBE YOUR COMPLAINT** (If necessary, attach additional sheets.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE** I acknowledge that all of the above information is true and accurately reflects the matter in question, to the best of my knowledge.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**If your complaint alleges a violation of Title III of HAVA, a notary public must complete the following certificate of acknowledgement.**

**CERTIFICATE OF ACKNOWLEDGMENT**  
For HAVA Title III complaints only.

State of California } §

County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_, personally appeared \_\_\_\_\_.  
(date) (name of notary) (name of complainant)

The person filing the complaint is:

- personally known to me, or
- proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

(seal)

\_\_\_\_\_  
(Notary Signature)

**Return this form to:**  
**SECRETARY OF STATE'S OFFICE**  
**ELECTION FRAUD INVESTIGATION UNIT**  
**1500 11TH STREET, 5TH FLOOR, SACRAMENTO, CA 95814**  
**For more information or assistance:**  
**English: 1-800-345-VOTE (8683)**  
**Spanish: 1-800-232-VOTA (8682)**  
**[www.ss.ca.gov](http://www.ss.ca.gov)**