



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, _____
(date) (insert name and title of the officer)

, personally appeared _____

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

(NOTARY PUBLIC SIGNATURE)

NOTARY PUBLIC SEAL

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 filling out this form:
English: 1-800-345-VOTE (8683)
Spanish: 1-800-232-VOTA (8682)
www.sos.ca.gov