

COMPLAINT FORM

Administrative Complaint Procedure under Title III of the Help America Vote Act of 2002 (HAVA)

PERSON BRINGING COMPLAINT

Name _____ Home Phone _____ Work Phone _____
Address _____ Cell Phone _____
City _____ State _____ Zip Code _____
Email Address _____

PERSON OR ENTITY AGAINST WHOM COMPLAINT IS BROUGHT

Please identify by name, title or position and as much additional information as possible.

Name/Title _____ Home Phone _____ Work Phone _____
Address _____ Cell Phone _____
City _____ State _____ Zip Code _____
Email Address _____

STATEMENT OF FACTS

Please provide a description of alleged violation of Title III of HAVA (Note: this description must be sufficiently detailed to apprise the Secretary of State and the official whose conduct is complained of to understand the nature and specifics of the complaint). Please provide as much of the following information as possible:

1. The facts of the alleged violation
2. Witnesses, if any, and contact information if you have that information
3. Date and time when the alleged violation occurred
4. Date and time when you became aware of the violation
5. Location where the alleged violation occurred
6. Other information that you think will be helpful in resolving your complaint

_____ (If necessary, attach additional sheets.)

HEARING

Do you wish to have a hearing on your complaint? (please check one)

? yes ? no (If no hearing is requested, the Secretary of State or designee
may make a determination based on written materials.)

SIGNATURE

I hereby certify that the information provided above is true and correct to the best of my knowledge.

Signature _____ Date _____

Please have a Notary Public/Attorney at Law complete the below section:

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____ at _____
(Municipality, State)

Notary Public/Attorney at Law signature and stamp or printed name My Commission expires: _____

Your complaint must be delivered in person or by mailed to the following address, within 60 days after the alleged violation occurred or within 60 days after you became aware of the alleged violation:

*Elections Division
Department of the Secretary of State
Burton M. Cross Building
111 Sewall Street (101 SHS if mailing)
Augusta, Maine 04333-0101*