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)

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

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