



BOARD OF SUPERVISORS OF ELECTIONS COMPLAINT FORM

PLEASE PRINT ALL INFORMATION

Name of Complainant _____

Street Address _____

City _____ State _____ Zip _____

Daytime Phone Number _____ Fax Number _____

E-mail Address _____

Complaint against the following person(s) (include contact information, if known): _____

Section of *Chapter 8 – Elections* allegedly violated: _____

Please explain the basis for your complaint. If necessary, attach additional sheets.

Date alleged violation occurred: _____

I, _____, hereby declare, under the penalties of perjury, that the information provided in connection with this complaint is, to the best of my knowledge, true and correct.

Signature of Complainant

Date

City Clerk's Office Use Only
Date & Time Received: