



SECRETARY OF STATE
STATE OF CALIFORNIA

選舉投訴表

適用於《協助美國投票法案》(HAVA) 投訴或其他與選舉有關的投訴。

重要叮嚀：本表格請以正楷填寫或打字。

投訴人資料

名：_____ 姓：_____
街址：_____ 門牌號碼：_____ 市：_____ 州：_____
縣：_____ 日間電話：_____ 夜間電話：_____
傳真號碼：_____ 電子郵件：_____

投訴對象（個人或組織）

姓名：_____
組織：_____
個人職位（若適用）：_____

事實陳述

指稱事件的發生日期和時間：_____
指稱事件的發生地點：_____
證人或其他受害人的姓名和電話號碼（若適用）：_____

說明您的申訴（如有需要，請另附紙張說明。）

簽名 據我已知，我確認以上資料均屬實，並準確反映有關事項。

簽名：_____ 日期：_____

如果您的申訴據稱為HAVA第三篇的違反事宜，則一位公證人必須填寫以下確認證明。有關構成第三篇投訴的資訊，[請按這裡](#)。

CERTIFICATE OF ACKNOWLEDGMENT

僅限於HAVA第三篇的投訴。

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

請將本表格交回：

**SECRETARY OF STATE'S OFFICE
ELECTION FRAUD INVESTIGATION UNIT
1500 11TH STREET, 5TH FLOOR, SACRAMENTO, CA 95814**

需更多資訊或協助：

英語：1-800-345-VOTE (8683)

華語：1-800-339-2857

www.sos.ca.gov