

**Secretary of State
State of California
Election Voter Complaint Form**

Important: Please *type* or *clearly print* the information on this form.

Complainant Information

First Name

Last Name

Street Address

Apt. #

City

State

Zip Code

Daytime Phone Number (include area code)

Evening Phone Number (include area code)

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) of 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)

