

# ALABAMA VOTER COMPLAINT

Please Print All Information

## Person Bringing Complaint

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone H (\_\_\_\_) \_\_\_\_\_

Telephone W (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

Fax Number \_\_\_\_\_

Precinct Location \_\_\_\_\_

City \_\_\_\_\_

Address \_\_\_\_\_

## Description of the Alleged Violation

If known, please state the section of the Help America Vote Act that you maintain was violated.

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Explain the basis for your complaint. Please provide a detailed listing of facts, circumstances, witnesses, procedures, occurrences, and other information including the names of persons whom you believe have information about the alleged violation. If necessary, please attach additional sheets or other documents.

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**Person(s) or entity against whom Complaint is Alleged**

Name(s) \_\_\_\_\_ Entity (if any) \_\_\_\_\_

Location of Violation \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

I would like the Secretary of State to conduct a hearing on this matter.  Yes  No

I have attached additional documents or sheets to this complaint form.  Yes  No

**Sworn Statement of the Voter Making Complaint**

State of Alabama \_\_\_\_\_ County \_\_\_\_\_

I swear/affirm under oath that all statements made in this complaint are accurate, true, and correct.

\_\_\_\_\_  
Signature of Voter

\_\_\_\_\_  
Printed Name of Voter

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Notary's Commission Expires

**Accommodations and Mailing**

Any person with a disability may request accommodation in order to participate in the administrative complaint process. Requests for accommodation should be made at the time of filing the complaint. Requests for participants other than the person making the complaint should be made ten working days before the accommodation is needed. Requests should be made to the Legal Division of the Secretary of State's Office, (334) 242-3942 or 1-800-274-VOTE. Accessible parking and entryways to the Alabama State Capitol are located near the Union Street entrance.

**Please mail your completed form and attachments, if any to:**  
Office of the Secretary of State, 600 Dexter Avenue, Room S-105  
Post Office Box 5616, Montgomery, Alabama, 36103, 334-242-7476