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)			

Describe Your Complaint (if necessary, attach additional sheets) - Continued				
Signature - I acknowledge that all of the abo matter in question, to the best of my knowle		reflects the		
Signature	Date			
California Investig 1500 11th Street, 2nd Fax: (9	n this form to: Secretary of State gative Services Floor, Sacramento, CA 95814 916) 653-8728 rmation or assistance:			
English: (916) 657-21	English: (916) 657-2166 or (800) 345-VOTE (8683)			

Spanish: (800) 232-VOTA (8682) www.sos.ca.gov