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 above information is true and accurately reflects the matter in question, to the best of my knowledge.

Signature Date

Return this form to:
California Secretary of State
Election Fraud Investigation Unit
1500 11th Street, 5th Floor, Sacramento, CA 95814
Fax: (916) 653-3214
For more information or assistance:
English: (916) 657-2166 or (800) 345-VOTE (8683)
Spanish: (800) 232-VOTA (8682)
www.sos.ca.gov