## 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  Elections Division		
1500 11th Street, 5th Floor, Sacramento, CA 95814		
Fax: (916) 653-3214		
For more information or assistance:		
English: (916) 657-2166 or (80	JU) 345-VUTE (8683)	

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