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	dress Apt. #							
City	State Zip Code							
Daytime Phone Number (include area code)								
Evening Phone N	umber (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								
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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 Investigative Services 1500 11th Street, 2nd Floor, Sacramento, CA 95814 Fax: (916) 653-8728 For more information or assistance: English: (916) 657-2166 or (800) 345-VOTE (8683) Spanish: (800) 232-VOTA (8682) www.sos.ca.gov								