

ADMINISTRATIVE COMPLAINT FORM

This form may be used by any person alleging a violation of Title III of the *Help America Vote Act of 2002* (42 U.S.C. §15481-15485)

For Ohio Secretary of State Use Only

Mail or hand-deliver the signed and notarized complaint to:

Office of the Ohio Secretary of State
180 E. Broad Street, 15th Floor
Columbus, OH 43215

Complaint cannot be filed by fax or e-mail.

Please type or print all information.

PERSON BRINGING COMPLAINT

Name _____

Street Address _____

City _____ County _____ State ____ Zip Code _____

Daytime Tel. _____ E-mail address: _____

PERSON OR ENTITY AGAINST WHOM COMPLAINT IS BROUGHT (One person/entity per form)

Name _____

Street Address _____

City _____ County _____ State ____ Zip Code _____

Daytime Tel. _____ E-mail address: _____

VIOLATION ALLEGED

Section of Title III of the *Help America Vote Act of 2002* allegedly violated: _____

Date alleged violation occurred: _____

Please explain in detail the facts on which the complaint is based. If necessary, attach additional sheets, properly notarized.

Would you like the Secretary of State to conduct a hearing on the record? Yes No

IMPORTANT: TO BE CONSIDERED, THIS COMPLAINT MUST BE PROPERLY SWORN, SIGNED AND NOTARIZED.

State of Ohio, County of _____ ss:

Signature of Complainant

Sworn to and subscribed in my presence by _____, this _____ day of _____, 20____,
in the City of _____, County of _____, State of Ohio.

Signature of Notary Public of the State of Ohio
My Commission expires _____

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.