

COMMONWEALTH OF PENNSYLVANIA **DEPARTMENT OF STATE**

Harrisburg

STATEMENT OF COMPLAINT – VIOLATIONS OF TITLE III OF THE HELP AMERICA VOTE ACT OF 2002 (PUBLIC LAW 107-252, 52 U.S.C. § 20901, *ET SEQ*.)

Under section 402(a)(2) of the Help America Vote Act of 2002 (HAVA) (52 U.S.C. § 21112(a)(2)) and section 1206.2(a) of the Pennsylvania Election Code (25 P.S. § 3046.2(a)), any person who believes that a violation of any provision of Title III of HAVA (52 U.S.C. §§ 21081-21102) has occurred, is occurring, or is about to occur, may file a complaint with the Department of State, Bureau of Elections. Complaints made against a local or county official or employee will be processed and considered by the Department of State under section 1206.2(b) of the Election Code (25 P.S. § 3046.2(b)). Complaints made against the Department of State will be processed and considered by the Commonwealth's Office of General Counsel under section 1206.2(c) of the Election Code (25 P.S. § 3046.2(c)).

In order for the Department of State or the Office of General Counsel to initiate complaint proceedings under section 402(a) of HAVA and section 1206.2 of the Election Code to consider possible violations of Title III of HAVA, a complainant must complete all applicable parts of this complaint form. Complaints should be typewritten or clearly printed in black or blue ink. Please state the facts briefly and clearly and be sure to submit any documents you have to support your complaint.

YOU MUST SIGN THIS FORM, COMPLETE THE PRESCRIBED AFFIDAVIT BEFORE A LICENSED NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED UNDER PENNSYLVANIA LAW TO ADMINISTER OATHS, AND RETURN THE FORM, WITH TWO COPIES, TO THE DEPARTMENT OF STATE, BUREAU OF ELECTIONS, 201 North Office Building, Harrisburg, PA 17120.

THIS FORM MUST BE SIGNED UNDER OATH, NOTARIZED, AND FILLED OUT COMPLETELY IN ORDER TO BE PROCESSED. TO ASSURE PROMPT PROCESSING OF THE COMPLAINT, PLEASE FILE THE ORIGINAL AND TWO COPIES OF THE COMPLAINT WITH THE BUREAU OF ELECTIONS

TYPE OF COMPLAINT (PLEASE CHECK ONE):

	ALLEGATIONS	MADE AGAINST	COUNTY OR LOCAL	OFFICIAL (S) OR	EMPLOYEE (S)
П	ALLEGATIONS	MADE AGAINST	THE DEPARTMENT (OF STATE	

A. COMPLAINANT INFORMATION

LAST NAME	FIRST NAME	Ì.	MIDDLE INITIAL		
STRE	EET ADDRESS (Nu	mber	and Nam	e)	
CITY	COUNTY	ST	ГАТЕ	ZIP CODE	
TEL. (Include Area Code) (HOME)			(WORK)		

B. COMPLAINANT'S ATTORNEY, IF ANY

LAST NAME	FIRST NAME		MIDDLE INTIAL		
STR	EET ADDRESS	(Number and	Name)		
CITY	COUNTY	STA	ТЕ	ZIP CODE	
TEL. (Include Are	FIRM NAME				

C. NAME AND ADDRESS OF WITNESS, IF ANY

LAST NAME	FIRST N	IAME		MII	DDLE INITIAL
STRE	ET ADDRES	S (Nu	nber	and Nam	e)
CITY	COUNT	Y	Sī	ГАТЕ	ZIP CODE
TEL. (Include Area Code)			ort yo	our compl	itness willing to laint by appearing ES □NO

D. NAME AND ADDRESS OF SECOND WITNESS, IF ANY

LAST NAME	FIRST NAME		MIDDLE INTIAL	
STRI	[umber and]	Name)		
CITY	COUNTY	STA	ATE	ZIP CODE
TEL. (Include Are		ır complai	ness willing to Int by appearing	

NOTE: If additional witnesses are available, list names, addresses, and other pertinent data in a manner similar to above on 8½" x 11" paper.

INFORMATION REGARDING SUBJECT OF COMPLAINT

E. ENTITY INVOLVED (E.G., DEPARTMENT OF

STATE, COUNTY BOARD OF ELECTIONS) LAST NAME FIRST NAME MIDDLE INITIAL STREET ADDRESS (Number and Name) CITY COUNTY STATE ZIP CODE TEL. (Include Area Code) PROPRIETOR

F. INDIVIDUAL INVOLVED, IF ANY

LAST NAME	FIRST NAME			MIDDLE INTIAL		
STRI	(Numbe	r and 1	Name)			
CITY	COUN	TY	ST	TATE	ZIP CODE	
TEL. (Include Area	CERTI	FIĆA'	TION, C	ATION, OMMISSION R IF KNOWN		

G. DESCRIPTION OF COMPLAINT:

Please describe your complaint in detail below. Please describe the nature and circumstances of the violation(s) of Title III of the Help America Vote Act of 2002 that you allege has occurred, is occurring, or is about to occur. Please provide dates. <i>Attach copies of documents that are related to your complaint</i> . If you need more space, please continue on page 3 of this form and/or use additional 8 ½ x 11" sheets of paper if necessary.
A. RESOLUTION
How would you like this complaint to be resolved?

If additional space is needed, please attach 8 ½ x 11" sheets.

B. AFFIDAVIT OF COMPLAINANT

I, penalty of perjury that the facts stated in this Complai information and belief.	, having been duly sworn according to law, state under nt are true and correct to the best of my knowledge,
	Complainant Signature
	SWORN AND SUBSCRIBED BEFORE ME THIS
	, DAY OF,, at
	, Pennsylvania
	Notary Public
	My commission expires

RETURN COMPLETED FORM, WITH TWO COPIES, TO:

Department of State Bureau of Elections 201 North Office Building Harrisburg, PA 17120 (717) 787-5280