

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 (52 U.S.C. §21112)

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 Telephone _____ 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 Telephone _____ E-mail Address _____

Violation Alleged

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

Date alleged violation occurred (MM/DD/YYYY): _____

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 _____
Signature of Complainant _____

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

Signature of Notary Public of the State of Ohio
My Commission Expires (MM/DD/YYYY) _____

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