

Person(s) or entity against whom Complaint is Alleged

Name(s) _____ Entity (if any) _____

Location of Violation _____

City _____ County _____

I would like the Secretary of State to conduct a hearing on this matter. Yes No

I have attached additional documents or sheets to this complaint form. Yes No

Sworn Statement of the Voter Making Complaint

State of Alabama _____ County _____

I swear/affirm under oath that all statements made in this complaint are accurate, true, and correct.

Signature of voter

Printed Name of Voter

Signature of Notary Public

Notary's Commission Expires

Accommodations and Mailing

Any person with a disability may request accommodation in order to participate in the administrative complaint process. Requests for accommodation should be made at the time of filing the complaint. Requests for participants other than the person making the complaint should be made ten working days before the accommodation is needed. Requests should be made to the Legal Division of the Secretary of State's Office, (334) 242-3942 or 1-800-274-VOTE. Accessible parking and entryways to the Alabama State Capitol are located near the Union Street entrance.

Please mail your completed form and attachments, if any to:

Office of the Secretary of State, 600 Dexter Avenue, Room S-105
Post Office Box 5616, Montgomery, Alabama, 36103, 334-242-3942