## **COMPLAINT**

## For Alleged Violation of the **Help America Vote Act of 2002** (42 U.S.C. §15512)

Florida Department of State, Division of Elections Room 316, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250 Telephone (850) 245-6200

Pursuant to section 97.028, Florida Statutes, the Department of State has sole jurisdiction to adjudicate alleged violations of Title III of the Help America Vote Act of 2002 (HAVA). Any person who believes that a violation of Title III of HAVA has occurred, is occurring or is about to occur may file a complaint. In order to initiate the complaint process, a sworn, written complaint must be filed with the Department of State. The complaint must specifically state the alleged violation and the person or entity responsible for the violation. A violation of Title III of HAVA is the failure to perform an act required by or the performance of an act prohibited by Title III of HAVA in a federal election.

PERSON BRINGING CO	OMPLAINT		
Name	Home Phone	Work Phone	
Address		County	
City	State	Zip Code	
PERSON OR ENTITY A person/entity per form)	GAINST WHOM COMPLA	INT IS BROUGHT (limit one	
Name	Home Phone	Work Phone	
Address		County	
City	State	Zip Code	
VIOLATION			
•	-	perica Vote Act of 2002 has occurred acts committed by the person or e	

STATEMENT OF FACTS
State in your own words the detailed facts and circumstances that form the basis of yo complaint, including any relevant person(s). In your narrative explanation, please include relevant dates and times and the names and addresses of other persons whom you believe have knowledge of the facts. Also, give any reasons that you feel the alleged violation was committed by the person and/or entity against whom this complaint is brought.

Check here if additional pages are attached
STATE OF FLORIDA,
COUNTY OF
I, the undersigned, under penalty of perjury, do swear or affirm that the information contained in this complaint is true and correct to the best of my knowledge.
Signature of Complainant
Sworn to and subscribed before me this day of, 20
Signature of Officer Authorized to Administer Oaths or Notary Public
(Print, Type, or Stamp Commissioned Name of Notary Public)
Personally known Or Produced Identification
Type of Identification Produced
NOTICE: This Complaint is not confidential and, once filed with the Department of State, will be treated as a public record.
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