



Please mail to: Division of Elections
 R.A. Gray Building
 500 S. Bronough Street
 Tallahassee, Florida 32399-0250

Or attach as a .pdf and email to 3PVRO@dos.myflorida.com

Office Use Only

This Complaint becomes a public record when filed with the Division of Elections and will be available upon request, subject to any specific statutory exemption that may apply.

COMPLAINT AGAINST 3PVRO

You will receive a written response at the end of the investigation. This Complaint and any findings may be referred to the Office of Statewide Prosecution or to the State Attorney for the applicable judicial circuit if a criminal violation may have occurred.

PERSON BRINGING COMPLAINT

Name _____ Day Phone _____ Evening Phone _____
 (First) (Middle or Initial) (Last)

Address _____ City _____

County _____ State _____ Zip Code _____

E-mail Address (optional) _____

3PVRO (PERSON, ENTITY or ORGANIZATION AGAINST WHOM COMPLAINT IS BROUGHT) (limit one person/entity per form)

Name _____ Phone _____

Address _____ City _____

County _____ State _____ Zip Code _____

STATEMENT OF FACTS AND CIRCUMSTANCES AS BASIS FOR ALLEGED VIOLATION. Please respond to the following questions to the best of your knowledge.

1. To whom did you speak (include names of persons or at a minimum the name of the 3PVRO)?

2. From whom and where did you receive your voter registration application (date and location including address and/or event)?

