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 COMPLAINT
Name _________________________ Home Phone _____________ Work Phone _____________
Address ___________________________________________ County ______________
City ______________________________ State ___________ Zip Code ___________________

PERSON OR ENTITY AGAINST WHOM COMPLAINT IS BROUGHT (limit one person/entity per form)
Name _________________________ Home Phone _____________ Work Phone _____________
Address ___________________________________________ County ______________
City ______________________________ State ___________ Zip Code ___________________

VIOLATION
If you believe that a violation of Title III of the Help America Vote Act of 2002 has occurred, is occurring or is about to occur, please state the specific acts committed by the person or entity named in this complaint:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
STATEMENT OF FACTS

State in your own words the detailed facts and circumstances that form the basis of your 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.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
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.