



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
Harrisburg**

**STATEMENT OF COMPLAINT – VIOLATIONS OF TITLE III
OF THE HELP AMERICA VOTE ACT OF 2002
(PUBLIC LAW 107-252, 42 U.S.C. § 15301 ET SEQ.)**

Under section 402(a)(2) of the Help America Vote Act of 2002 (HAVA) (42 U.S.C. § 15512(a)(2)) and section 1206.2(a) of the Pennsylvania Election Code (25 P.S. § 3046.2(a)), any person who believes that a violation of any provision of Title III of HAVA (42 U.S.C. §§ 15481-15501) has occurred, is occurring, or is about to occur, may file a complaint with the Department of State, Bureau of Commissions, Elections and Legislation. Complaints made against a local or county official or employee will be processed and considered by the Department of State under section 1206.2(b) of the Election Code (25 P.S. § 3046.2(b)). Complaints made against the Department of State will be processed and considered by the Commonwealth's Office of General Counsel under section 1206.2(c) of the Election Code (25 P.S. § 3046.2(c)).

In order for the Department of State or the Office of General Counsel to initiate complaint proceedings under section 402(a) of HAVA and section 1206.2 of the Election Code to consider possible violations of Title III of HAVA, a complainant must complete all applicable parts of this complaint form. Complaints should be typewritten or clearly printed in black or blue ink. Please state the facts briefly and clearly, and be sure to submit any documents you have to support your complaint.

YOU MUST SIGN THIS FORM, COMPLETE THE PRESCRIBED AFFIDAVIT BEFORE A LICENSED NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED UNDER PENNSYLVANIA LAW TO ADMINISTER OATHS, AND RETURN THE FORM, WITH TWO COPIES, TO THE DEPARTMENT OF STATE, BUREAU OF COMMISSIONS, ELECTIONS AND LEGISLATION, 210 North Office Building, Harrisburg, PA 17120.

THIS FORM MUST BE SIGNED UNDER OATH, NOTARIZED, AND FILLED OUT COMPLETELY IN ORDER TO BE PROCESSED. TO ASSURE PROMPT PROCESSING OF THE COMPLAINT, PLEASE FILE THE ORIGINAL AND TWO COPIES OF THE COMPLAINT WITH THE BUREAU OF COMMISSIONS, ELECTIONS AND LEGISLATION

TYPE OF COMPLAINT (PLEASE CHECK ONE):

- ALLEGATIONS MADE AGAINST COUNTY OR LOCAL OFFICIAL (S) OR EMPLOYEE (S)
- ALLEGATIONS MADE AGAINST THE DEPARTMENT OF STATE

A. COMPLAINT INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	
STREET ADDRESS (Number and Name)			
CITY	COUNTY	STATE	ZIP CODE
TEL. (Include Area Code) (HOME)		(WORK)	

B. COMPLAINANT'S ATTORNEY, IF ANY

LAST NAME	FIRST NAME	MIDDLE INITIAL	
STREET ADDRESS (Number and Name)			
CITY	COUNTY	STATE	ZIP CODE
TEL. (Include Area Code)		FIRM NAME	

C. NAME AND ADDRESS OF WITNESS, IF ANY

LAST NAME	FIRST NAME	MIDDLE INITIAL	
STREET ADDRESS (Number and Name)			
CITY	COUNTY	STATE	ZIP CODE
TEL. (Include Area Code)	If needed, is this witness willing to support your complaint by appearing at a hearing? <input type="checkbox"/> YES <input type="checkbox"/> NO		

D. NAME AND ADDRESS OF SECOND WITNESS, IF ANY

LAST NAME	FIRST NAME	MIDDLE INITIAL	
STREET ADDRESS (Number and Name)			
CITY	COUNTY	STATE	ZIP CODE
TEL. (Include Area Code)	If needed, is this witness willing to support your complaint by appearing at a hearing? <input type="checkbox"/> YES <input type="checkbox"/> NO		

NOTE: If additional witnesses are available, list names, addresses, and other pertinent data in a manner similar to above on 8½" x 11" paper.

INFORMATION REGARDING SUBJECT OF COMPLAINT

E. ENTITY INVOLVED (E.G., DEPARTMENT OF STATE, COUNTY BOARD OF ELECTIONS)

LAST NAME	FIRST NAME	MIDDLE INITIAL	
STREET ADDRESS (Number and Name)			
CITY	COUNTY	STATE	ZIP CODE
TEL. (Include Area Code)	PROPRIETOR		

F. INDIVIDUAL INVOLVED, IF ANY

LAST NAME	FIRST NAME	MIDDLE INITIAL	
STREET ADDRESS (Number and Name)			
CITY	COUNTY	STATE	ZIP CODE
TEL. (Include Area Code)	LICENSE, REGISTRATION, CERTIFICATION, COMMISSION TYPE AND NUMBER IF KNOWN		

G. DESCRIPTION OF COMPLAINT:

Please describe your complaint in detail below. Please describe the nature and circumstances of the violation(s) of Title III of the Help America Vote Act of 2002 that you allege has occurred, is occurring, or is about to occur. Please provide dates. *Attach copies of documents that are related to your complaint.* If you need more space, please continue on page ___ of this form and/or use additional 8 ½ x 11” sheets of paper if necessary.

A. RESOLUTION

How would you like this complaint to be resolved?

If additional space is needed, please attach 8 ½ x 11” sheets.

B. AFFIDAVIT OF COMPLAINANT

I, _____, having been duly sworn according to law, state under penalty of perjury that the facts stated in this Complaint are true and correct to the best of my knowledge, information and belief.

Complainant Signature

SWORN AND SUBSCRIBED BEFORE ME THIS
_____ DAY OF _____, _____, at
_____, Pennsylvania

Notary Public

My commission expires _____

RETURN COMPLETED FORM,
WITH TWO COPIES, TO:

**Department of State
Bureau of Commissions, Elections and Legislation
210 North Office Building
Harrisburg, PA 17120
(717) 787-5280**