

ADMINISTRATIVE COMPLAINT FORM

Please explain the basis for your complaint, including each provision of 42 U.S.C. § 15481-15485 in which a violation is being alleged. Include names and addresses of any witnesses to alleged violation(s). Please attach separate sheet(s).

State in your own words the detailed facts that form the basis of your complaint, including names of any relevant person(s). In your narrative explanation, please include specific dates, times, as well as any reasons you believe the alleged violation(s) were knowingly committed by the person(s) against whom this complaint is brought. Please attach separate sheet(s).

Would you like to request a hearing on the record? Yes No

I have mailed or delivered a copy to named respondent(s) in complaint: Yes No

OR
I request the Director of Elections to mail or deliver a copy to each named respondent in complaint:
 Yes No

State of Alaska

City: _____

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:

Printed Name of Complainant

Signature of Complainant

SUBSCRIBED AND SWORN TO before me on this ____ day of _____, 20____.

Notary Public in and for the

NOTARY SEAL

My commission expires: _____

**Mail the original signed and notarized Administrative Complaint to:
Director
Division of Elections
P.O. Box 110017
Juneau, Alaska 99811-0017**

NOTICE: This complaint is not confidential, and once filed with the Director’s Office, shall be treated as public record.