This form may be used by any person alleging a violation of Title III of the Help America Vote Act of 2002, 42 U.S.C. § 15481-15485 that has occurred, is occurring, or is about to occur.

**PLEASE CLEARLY PRINT OR TYPE ALL INFORMATION**

**Complainant** (person alleging violation of Title III)

Name of Complainant: ______________________________________________________________
Mailing Address: ___________________________________________________________________
City: _________________________ State: ___________ Zip:______________________________
Daytime Phone Number: _____________ Fax Number:____________________________________
E-mail Address: ________________________________________________________________

**Respondent(s)** (person(s) alleged in claim to have committed violation of Title III)

Name of Respondent: ______________________________________________________________
Mailing Address: ___________________________________________________________________
City: _________________________ State: ___________ Zip:______________________________
Daytime Phone Number: _____________ Fax Number:____________________________________
E-mail Address: ________________________________________________________________

Community name and precinct location of alleged violation(s):____________________________
Polling place location of alleged violation(s):________________________________________
Date(s) of alleged violation(s): ____________________________________________________
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 ________________________________

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.