

ADMINISTRATIVE COMPLAINT FORM

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.

PLEASE PRINT ALL INFORMATION.

Name of Complainant _____

Street Address _____

City _____ State _____ Zip _____

Daytime Phone Number _____ Fax Number _____

E-mail Address _____

Section of Title III of the Help America Vote Act allegedly violated: _____

Please explain the basis for your complaint. If necessary, attach additional sheets.

Date alleged violation occurred: _____

Would you like the State Board of Elections to conduct a hearing on the record? Yes No

Signature of Complainant

Date

County/City of _____, Maryland

Sworn and subscribed to before me this _____ day of _____, 20__.

Signature of Notary Public

Printed Name of Notary Public

My Commission expires _____