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 _________________