

**Secretary of State
State of California**

Important: Please *type* or *clearly print* the information on this form.

Complainant Information

First Name	
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Last Name _____

Street Address		Apt. #	
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City State Zip Code

Daytime Phone Number (include area code)	
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Evening Phone Number (include area code)

Email	
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Person(s) or Organization(s) Against Whom Complaint Is Brought

Name(s)	
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Organization(s)	
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Position(s) of person(s) (if applicable)	
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Statement of Facts

Date(s) and time(s) of alleged event(s) occurred
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Location(s) of alleged event(s)	
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Names and phone numbers of witnesses or other victims (if applicable)

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Describe Your Complaint (if necessary, attach additional sheets)

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Describe Your Complaint (if necessary, attach additional sheets) - Continued

[illegible]

Signature - I acknowledge that all of the above information is true and accurately reflects the matter in question, to the best of my knowledge.

Signature

Date

Return this form to:
California Secretary of State
Elections Division
1500 11th Street, 5th Floor, Sacramento, CA 95814
Fax: (916) 653-3214

For more information or assistance:
English: (916) 657-2166 or (800) 345-VOTE (8683)
Spanish: (800) 232-VOTA (8682)
www.sos.ca.gov

[Print Form](#)