HAVA Complaint Form

STATE OF MISSISSIPPI
Secretary of State

Help America Vote Act of 2002 (HAVA)
Violations of Title III of HAVA

This complaint form is used to report any alleged violations of any provision of Title III of HAVA in any federal, state, or local election. This complaint shall be notarized and filed with the Secretary of State’s Office, Elections Division, by hand-delivery or by overnight service to 401 Mississippi Street, Jackson, Mississippi 39201, or by mail to Post Office Box 136, Jackson, Mississippi, 39205-0136. Should you have any questions, please contact the Elections Division at (800) 829-6786.

<table>
<thead>
<tr>
<th>Person Filing Complaint</th>
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<tbody>
<tr>
<td>Name________________________</td>
</tr>
<tr>
<td>Address______________________City________State_____ Zip Code_______</td>
</tr>
<tr>
<td>Day Phone(<strong><strong>)</strong>_____________ Evening Phone(<strong><strong>)</strong></strong></strong>_______</td>
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<tr>
<th>Respondent</th>
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<tbody>
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<tr>
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</tr>
</tbody>
</table>
# Subject of Complaint

Please check the subject of your complaint.

- [ ] I was not able to cast my ballot in private.
- [ ] I was not allowed an opportunity to verify my selections before casting my ballot.
- [ ] I was not allowed to vote a Regular Ballot or a Provisional Ballot.
- [ ] I was not able to determine whether my provisional ballot was counted.
- [ ] I was not provided assistance to accommodate my disability.
- [ ] I was not provided assistance in my own language.
- [ ] I requested a ballot in my own language, but was not provided with one.
- [ ] Required posted information was not publicly posted on Election Day.
- [ ] Poll workers did not follow Unverified Voter Verification procedure.
- [ ] Other violation__________________

# Statement of Facts

Please provide a concise statement of the facts alleged in violation of Title III of HAVA. Please provide all pertinent information (i.e. time, place, persons/entity involved, which election) and any other relevant information appropriate to this complaint. If you require additional space, please attach a separate paper to this form.

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Page 2 of 3
**Affidavit**

County of ___________________________ State of Mississippi

I, __________________________________, do solemnly swear or affirm that to the best of my knowledge this complaint contains a true and accurate statement of alleged Title III violation of HAVA

________________________________________
Signature of Complainant

________________________________________
Printed name of Complainant

Sworn to and subscribed before me, this the _____ day of ________________, 20___.

__________________ _________________________
Notary Public or other official authorized to administer oaths

(SEAL)

My commission expires: ______________________

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**For office use only:**

Date & time received______________________
Received by_____________________________

Page 3 of 3