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>____________</td>
</tr>
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<tr>
<th>Respondent</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>____________</td>
</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.

### 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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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: ____________________

For office use only:
Date & time received________________
Received by_________________________