



New York State Division of Election Law Enforcement

P.O. Box 739
Albany, NY 12201

SECTION 1: Complainant's Information

YOUR COMPLAINT WILL NOT BE MADE PUBLIC.

Your contact information is not required; however, by not providing it, we will be unable to follow up or provide you with our final determination.

Full Name:

Street Address:

City:

Zip Code:

Primary Phone Number:

Secondary Phone Number:

Fax Number:

E-Mail Address:

NOTE: PLEASE LIST ONLY ONE (1) PERSON PER COMPLAINT FORM.

USE A NEW FORM FOR EACH ADDITIONAL PERSON MAKING A COMPLAINT.

SECTION 2: Person(s) or Entity Against Whom Complaint is Brought

Full Name:

Entity Name (if any):

Street Address:

City:

Zip Code:

Primary Phone Number:

Secondary Phone Number:

Fax Number:

E-Mail Address:

Date of Occurrence:

County of Occurrence:

NYS Election Complaint Form

I have attached additional documents or sheets to this complaint form: Yes No

Have you submitted information about this complaint to your District Attorney and/or the Attorney General's office?

Yes No

SECTION 3: Description of the Alleged Violation

Explain the basis for your complaint. Please provide a detailed listing of facts, circumstances, witnesses, procedures, occurrences, and other relevant information, including the names of persons you believe, have information about the alleged violation(s) by the person(s) or entity named in section 2. If available, please provide additional documents or pictures supporting your complaint.