

# **ALABAMA ELECTION COMPLAINT FORM**

Please Print All Information

## **I. Complainant's Information**

(PERSON MAKING COMPLAINT)

YOUR COMPLAINT WILL NOT BE MADE PUBLIC. YOUR COMPLAINT MAY BE REFERRED TO LAW ENFORCEMENT AUTHORITIES.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: (\_\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Fax: \_\_\_\_\_

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

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

## **II. Person(s) or Entity Against Whom Complaint is Brought**

Name(s): \_\_\_\_\_

Entity (if any): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: (\_\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of Occurrence: \_\_\_\_\_ Location of Occurrence: \_\_\_\_\_

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 Attorney General's office? Yes\_\_\_ No\_\_\_

Have you submitted information about this complaint to the Alabama Ethics Commission? Yes\_\_\_ No\_\_\_

## **III. Description of the Alleged Violation**

If known, please state the provision or section of election law(s) that you believe was violated.

\_\_\_\_\_  
\_\_\_\_\_

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

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**IV. Sworn Statement of the Complainant**

**(PERSON MAKING COMPLAINT)**

I swear or affirm that all statements made in this complaint are accurate, true, and correct.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date