

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.

Person Filing Complaint

Name _____

Address _____ City _____ State _____ Zip Code _____

Day Phone(____) _____ Evening Phone(____) _____

Respondent

Name _____

Address _____ City _____ State _____ Zip Code _____

Day Phone(____) _____ Evening Phone(____) _____

Subject of Complaint

Please check the subject of your complaint.

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

Affidavit

County of _____ State of Mississippi

I, _____, do solemnly swear or
(Name of Complainant)
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 _____