## State of Iowa Complaint Form – Title III of Help America Vote Act Office of Iowa Secretary of State



## **Complainant Information**

Name:				
First Name	Last Name			
Residential Address:  House number and Street Address				
House number and Street Addres	SS	Cir	ty	Zip
Mailing Address (if different):		City	State	Zip
		O.C.	Ciaio	<b>_</b> p
Phone: ( )	Ema <u>il:</u>			
Allege	ed Violation Info	ormation		
Date Violation Occurred/Will Occur:/_	/			
County in which Violate Occurred/Will Occur:				
Polling Place/Precinct in which Violation Occur	rred/Will Occur:_			
Name and Contact Information of Additional Po	ersons to Conta	ct Regarding	Violation:	
additional pages if needed:				
I hereby swear or affirm that the informati my knowledg	ion provided on le and under pe			rate to the best c
Signed:			Date:	_//
State of: County of:				
Signed and sworn (or affirmed) before me on date of:			(Stamp)	
By:Print Candidate's Name				
Notary Signature:				