

**STATE BOARD OF ELECTION COMMISSIONERS
OFFICIAL COMPLAINT FORM**

Name: _____
Address: _____
County: _____
Day Phone: _____
Email: _____
Election/Date: _____

A complaint must be filed with the board in writing within thirty (30) days of an alleged voter registration violation or the election associated with the complaint. Arkansas Code Annotated § 7-4-118(a)(3)

Please begin the details of the complaint below and attach additional pages if needed. Be specific as to the nature of the alleged election irregularities or illegalities, indicate when and where the allegations occurred, provide supporting facts surrounding the allegations, and state your desired resolution.

I, _____, swear or affirm, under penalty of perjury, that the facts set forth in this complaint are true and correct to the best of my knowledge, information, and belief.

Signature of Complainant

Date

State of Arkansas
County of _____

Subscribed and sworn before me this _____ day of _____, 20__.

Notary Signature

My Commission Expires

**Remit to: State Board of Election Commissioners
501 Woodlane, Suite 401 N
Little Rock, AR 72201
501-682-1834 / 800-411-6996**