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 § 7-4-120

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.

AFFIRMATION

The facts set forth in this complaint are true and correct to the best of my knowledge, information and belief, under penalty of perjury.

_____ _____
Signature of Complainant Date

Remit to: State Board of Election Commissioners

501 Woodlane, Suite 401 N
Little Rock, AR 72201
501-682-1834 / 800-411-6996