

# NORTH DAKOTA ELECTION ADMINISTRATIVE COMPLAINT

## Filing form for Title III of The Help America Vote Act of 2002

[Pub. L. 107-252; 116 Stat. 1666; 42 U.S.C. § 15512]

SFN 54152 (01-06)



According to Title IV of the Help America Vote Act (HAVA), all states are required to provide a uniform and nondiscriminatory administrative process for filing a complaint related to any violation of Title III of HAVA such as denial of or difficulty casting a ballot for a federal election, including access to a polling place, information available in accessible formats, and independent and secret access to the ballot for persons with a full range of disabilities. If you wish to file a complaint, you are encouraged to **fill out this complaint form, have it notarized, and submit your complaint to the North Dakota Secretary of State.** The Secretary of State has 90 days from the date of submission to determine a complaint, unless you agree to a longer period of time. North Dakota has implemented this provision in N.D.C.C. § 16.1-01-16.

***When filling out this form, please keep in mind that a copy of this complaint form may be forwarded to the party complained against. For assistance in filling out this form, contact the Elections Division of the Secretary of State's Office at 1-800-352-0867 or 1-800-366-6888 TTY (ND Relay). (PLEASE DO NOT COMPLETE THIS FORM IN PENCIL)***

|  |       |          |                        |                       |          |
|--|-------|----------|------------------------|-----------------------|----------|
| Name of Person or Office Complained Against  |       |          | Your Name              |                       |          |
| Address  |       |          | Address                |                       |          |
| City   | State | Zip Code | City                   | State                 | Zip Code |
| Telephone Number (Include Area Code)   |       |          | Home Telephone Number  | Work Telephone Number |          |
|  |       |          | Cell Phone Number      |                       |          |
| Date of Violation  |       |          | Polling Place Location |                       |          |
| How would you like to have your complaint resolved?  |       |          |                        |                       |          |
| WHERE DID THE VIOLATION TAKE PLACE?<br>(CHECK THE MOST APPROPRIATE ANSWER)   |       |          |                        |                       |          |
| <input type="checkbox"/> At the polling place location.  |       |          |                        |                       |          |
| <input type="checkbox"/> Over the telephone.   |       |          |                        |                       |          |
| <input type="checkbox"/> By mail.  |       |          |                        |                       |          |
| <input type="checkbox"/> Other (explain). _____  |       |          |                        |                       |          |
| Name of person(s) with whom you dealt, if any.   |       |          |                        |                       |          |
| Have you contacted a private attorney or another agency? <input type="checkbox"/> NO <input type="checkbox"/> YES -- If "YES," identify below. |       |          |                        |                       |          |

