## 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				
State	Zip Code	City		State	Zip Code	
Telephone Number (Include Area Code)		Home Telephone Number	ephone 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? (CHECK THE MOST APPROPRIATE ANSWER)						
☐ At the polling place location.						
☐ Over the telephone.						
☐ By mail.						
Name of person(s) with whom you dealt, if any.						
ney or and	other agency?	□ NO □ YES If "Y	'ES," ide	ntify below	<i>'</i> .	
	State Code)  MEDITION OF THE ANSWERS A	State Zip Code Code)  Omplaint resolved?  KE PLACE? TE ANSWER)	Address  State Zip Code City  Code) Home Telephone Number  Cell Phone Number  Polling Place Location  Omplaint resolved?  KE PLACE? TE ANSWER)	Address  State Zip Code City  Code) Home Telephone Number Work  Cell Phone Number  Polling Place Location  omplaint resolved?  KE PLACE? TE ANSWER)  dealt, if any.	Address  State Zip Code City State  Code) Home Telephone Number Work Telephone  Cell Phone Number  Polling Place Location  Pomplaint resolved?  KE PLACE? TE ANSWER)  dealt, if any.	

Is court action pending or completed?	□ NO □ YES If "YES," what was the result?			
Please provide a complete written description of the suspected Title III violation below. If necessary, continue on a separate sheet of paper. Do not write on the back of this form.				
The statements contained in this complaint are true and accurate to the best of my knowledge. I wish to file a complaint against the party or office named. I understand the Secretary of State is not permitted to engage in the practice of law, and therefore is not my lawyer or legal representative. I am, however, filing this complaint to notify the Secretary of State of the activities of the person/office about which I have a complaint and for a determination as provided in N.D.C.C. § 16.1-01-16. (Complaint forms not signed and notarized will be				
returned.)  Date Signature				
State of North Dakota ) ) ss County of )				
Subscribed and sworn to before me on,				
This area for notary seal	Noton Cinnatura			
	Notary Signature Notary Public My Commission expires:			
SEND TO:				
Elections Division Secretary of State 600 East Boulevard Avenue Bismarck, ND 58505				