

# Elections Complaint Form

- You may use this form to file a complaint alleging a violation of Colorado Election Law.
- All fields marked with an asterisk (\*) are required.
- This form does not need to be notarized.
- Mail, fax, deliver, or scan your signed form and email it to:

The Colorado Secretary of State, Elections Division  
1700 Broadway, Ste. 200  
Denver, CO 80290  
Fax: (303) 869-4861  
state.electiondivision@sos.state.co.us

## For office use only

Complaint ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date Stamp:

## Secretary of State authority

The Secretary of State has independent authority to inspect and review the practices and procedures of county clerk and recorders, their employees, and other election officials in the conduct of primary, general, and congressional vacancy elections and the registration of electors in this state, with or without the filing of a complaint by any person. [Section 1-1-107(2)(b), C.R.S.]

**NOTICE:** This complaint is not confidential and, once filed with the Department of State, will be treated as a public record.

## Your identifying information

Last name\*  First name\*  Middle name

Phone number (include area code)\*  Email address

Current Street address (No P.O. Boxes)\*  Apt. or Unit  City or Town\*  ZIP Code\*  Colorado County

Mailing address (required if different from your home address)  Apt. or Unit  City or Town  State  ZIP Code

## Identifying information of the person or entity you are alleging the complaint against (only one person/entity per form)

Name of the person or entity\*

Phone number (include area code)  Email address

Address  Apt. or Unit  City or Town  State  ZIP Code

## Alleged violation(s) of State Law (check all that apply)

I was not allowed to:

- Vote in secret
- Turn in my absentee ballot
- Ask questions or ask for assistance
- Vote, even though I was standing in line before the polls closed
- Re-vote after I made a mistake

State law was violated because:

- My voter registration information was altered
- My polling place was not open (either on time or at all)
- Officials neglected to perform their duties

Other (please specify including statutory provision):

I was not able to vote because I wasn't given assistance:

- To accommodate my disability
- In my own language

I was not provided:

- Election materials in my own language

I observed:

- Pollworkers acting or saying something inappropriate
- Inappropriate electioneering or campaigning too close to the polls
- The casting of a fraudulent vote

**Details of the complaint**

State in your own words the detailed facts and circumstances that form the basis of your complaint, including any relevant person(s). Please include relevant dates and times and the names and addresses of other persons whom you believe have knowledge of the facts. Also, give any reasons that you feel the alleged violation was committed by the person and/or entity against whom this complaint is brought.

Please provide the details of your complaint in the space provided below. If you need additional space, attach a separate page or pages.

(please type or print)

**Sign or mark below**

I affirm that the information provided in this complaint is true and accurate to my best knowledge.



\_\_\_\_\_  
Signature\*

\_\_\_\_\_  
(date)