

HAVA Complaint

Complainant's Name: _____

Complainant's Phone: _____

Complainant's Address: _____

Incident Location: _____

Date/Time of Incident: _____

Description of Incident on Back of Form

I would like to request an in-person hearing on this matter

Complainant Name

Complainant Signature

Date

In the state of _____ and the county of _____

Subscribed and sworn before the undersigned notary public, on this the ___ day
of _____, 20__

(SEAL)

NOTARY PUBLIC

My Commission Expires: _____

Send Complaint to:

State Board of Election Commissioners
501 Woodlane Dr., Suite 401 N
Little Rock, AR 72201

Description of Incident (Use Additional Paper if Necessary):