## **HAVA Complaint**

Complainant's Name:		
Complainant's Phone:		
Complainant's Address:		
Incident Location:		
Date/Time of Incident:		
<u>Description of Incident o</u>	n Back of Form	
I would like to requ	uest an in-person hearing on this matter	
Complainant Name	Complainant Signature	Date
In the state of	and the county of	
Subscribed and sworn before of, 20	fore the undersigned notary public, on this the _	day
(SEAL)	NOTARY PUBLIC	
My Commission Expires:		
Send Complaint to:	State Board of Election Commissioners 501 Woodlane Dr., Suite 401 N Little Rock, AR 72201	

