STATE OF TENNESSEE
ELECTIONS COMPLAINT FORM

Instruction/checklist:

☐ Please complete the following information. Please PRINT.
☐ Provide all relevant information. You may attach any other information to your complaint form.
☐ This complaint is not confidential.
☐ If your complaint involves voting systems, accessibility issues for those individuals with disabilities, provisional voting, voter information requirements, or Tennessee’s computerized statewide voter registration list, you must complete a Title III HAVA complaint form.

1. In what city and county, did the following activities occur?

_________________________________________ and _______________________________________

City ___________________________ County ___________________________

2. On what day(s) did the incident occur? ____________________________________________

3. Please explain what happened. Be as specific as possible. Include the names of anyone involved (if applicable) and/or the activity that took place? ____________________________

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If you would like a written response to this complaint, please complete the requested information below.

Complainant’s Name: ____________________________________________________________

Address: _________________________________________________________________

City ___________ State ___________ Zip Code ___________

Telephone Number [optional]: ( ) ___________ _______ - ___________ _______

This form and/or information is available in alternative formats. To receive a copy contact the State Coordinator of Elections at (615) 741-7956.