

ELECTION COMPLAINT FORM

**State of West Virginia
Secretary of State's Office**

Secretary of State
Building 1, Suite 157-K
1900 Kanawha Blvd., East
Charleston, WV 25305-0770

Telephone: (304) 558-6000
Toll Free: 1-866-SOS-VOTE
FAX: (304) 558-0900
www.wvsos.com

§3-9-3(b): Any person who makes a false statement or representation on this form is guilty of false swearing, punishable by a fine of not more than \$1,000 and imprisoned not more than one year.

Today's date: _____

Name of person making complaint: _____

Contact information (address, daytime phone #, times to call, etc.): _____

Date(s) alleged event(s) occurred: _____

Person(s) allegations are against: _____ Position (if applicable): _____

Elected office being sought (if applicable): _____

Description of allegations (if further description is needed beyond the capacity of this form, please attach additional pages as needed):

Relief Sought:

I acknowledge that all of the above information is true and accurately reflects the matter in question, to the best of my knowledge:

(signed) _____

STATE OF WEST VIRGINIA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____
by _____.

My commission expires _____

(Notary Public)

(Revised 5/19/2014)