Complaint Form

In accordance with section 402 (a) of the Help America Vote Act of 2002 (HAVA), this form can be used by any person who believes a violation of HAVA Title III has occurred, is occurring or is about to occur. Requirements defined in Title III include: voting system standards, provisional voting, voting information, computerized statewide voter registration list, and registration by mail.

Name of voter/complainant: ____________________________
Address: _________________________________________

Telephone: ____________________________
County: ________________________________
Date of Complaint: ____________________
Description of complaint: ____________________________

Voter/Complainant Signature: ____________________________
Notary Signature (Required): ____________________________
Commission Expires: ____________________________

Return Form to: S.C. State Election Commission
P. O. Box 5987
Columbia, SC 29205
Phone #: 803.734.9060