

ELECTION LAW COMPLAINT

**OFFICE OF THE WEST VIRGINIA
SECRETARY OF STATE**
1900 Kanawha Blvd. E.
Building 1, Suite 157-K
Charleston, WV 25305-0770



Telephone: (304) 558-6000
Toll-Free: (877) FRAUD-WV
Fax: (304) 558-0900
Website: www.sos.wv.gov
Email: InvestigationSupport@wvsos.gov

THIS IS AN OFFICIAL FORM REQUIRING A SWORN DECLARATION.

Any person who knowingly makes a false statement or declaration on this form, or advises another person to make a false statement or declaration, is subject to criminal prosecution under W. Va. Code § 3-9-3.

I. Instructions

1. This Complaint form must be notarized.
 2. All fields are required. Incomplete forms may be dismissed.
 3. Supporting evidence, documentation, witness names, contact information must be submitted with this Complaint.
 4. By law, this Complaint must be filed within 30 days of the alleged violation(s), or within 30 days that the alleged violation(s) were reasonably discovered, whichever is later. Complaints filed after the deadline shall be dismissed.
 5. Send completed and notarized Complaints to InvestigationSupport@wvsos.gov, via U.S. Mail to the Secretary of State's Office address provided on this form, or fax to (304) 558-0900, Attn: Investigations.
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II. Parties

All fields below are required:

Today's Date: _____ Date of Alleged Violation(s): _____

Complainant Name: _____ Phone Number: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Respondent(s) Name: _____

Elected Position Sought: _____ N/A

Current Elected Position: _____ N/A

III. Allegations (select all that apply)

- Absentee Fraud
- Assisting Voter Illegally
- Ballot Harvesting
- Ballot Tampering/Theft
- Campaign Finance
- Disenfranchisement
- Electioneering
- False Swearing
- False Voter Registration
- Illegal/Double Voting
- Vote Buying
- Voter Intimidation
- Voting Machine Tampering
- Other _____

Describe the allegation(s) in detail below or attach a separate sheet:

(continued/see attached)

IV. Witness(es):

(additional witnesses/see attached)

1. _____
Name Phone

Address City/State/Zip

2. _____
Name Phone

Address City/State/Zip

3. _____
Name Phone

Address City/State/Zip

V. Requested Relief

DISMISSAL NOTICE: The Secretary of State does not have authority to overturn any election outcome or declare any ballots cast or voter participation valid/invalid. Persons seeking to challenge an election outcome or result must either file an Election Contest under the procedures in Chapter 3 of the West Virginia Code or seek judicial resolution where permitted by law.

Complaints requesting relief that cannot be granted by the Secretary of State shall be dismissed pursuant to W. Va. Code R. § 153-21-5.5.

Relief requested:

VI. Sworn Declaration (signature required)

I, _____ (Complainant's Name), do hereby declare that all information contained in this Complaint is true and accurate to the best of my knowledge. **I understand that knowingly making any false statement in this Complaint could result in a criminal penalty for false swearing.**

Complainant Signature

STATE OF WEST VIRGINIA, COUNTY OF _____

Signed and sworn to (or affirmed) before me on this ____ day of _____ 20__, by:

Notary Stamp

Notary Public (printed)

Signature

My Commission Expires: _____