



Elections Division

HAVA Administrative Complaint Form

Any person who believes that a violation of Title III of the federal Help America Vote Act of 2002 has occurred, is occurring, or is about to occur may file a complaint with the Office of the Secretary of State.

Title III of the federal Help America Vote Act of 2002 includes:

- Standards and requirements for voting equipment
- Requirements to offer provisional voting
- Requirements for posting voting information on election day
- Requirements for a statewide voter registration system
- Requirements for voters who register by mail
- Requirements to provide adequate physical accessibility for voters with disabilities

If your complaint falls under one of the above categories, you may use this form to file a complaint with the Office of the Secretary of State. A letter containing the same information is also acceptable. All complaints must be notarized and filed with the Office of the Secretary of State no later than 30 days after certification of the election.

The office will respond within 30 days after filing to acknowledge receipt and explain how the complaint will be processed. The Secretary of State must make a final determination within 70 days of receiving the complaint. If multiple complaints are received regarding the same or similar situations, the complaints may be combined with one response.

Before completing this form, please review the [Help America Vote Act of 2002 \(Public Law 107-252\)](#) and [Washington Administrative Code 434-263](#). Thank you for taking the time to make this complaint.

To complete this form:

1. You must sign and notarize the oath on the completed form.
2. You must provide your name, telephone number, and mailing address.
3. Include a clear and concise description of the alleged violation of Title III that is detailed enough to let both the respondent and secretary know what the complaint is about.
4. Be filed with the secretary, with proof of mailing or delivery of a copy to each recipient, no later than 30 days after the certification of the election at issue.

Please do not complete this form in pencil. When filling out this form, please keep in mind that a copy of the complaint form may be forwarded to the party complained against. This complaint is not confidential, and once filed, shall be treated as public record.

This form is available in English, [Spanish \(Español\)](#), [Chinese \(中文\)](#), and [Vietnamese \(tiếng Việt\)](#). Upon request, reasonable accommodations will be made for persons who are unable to complete the administrative complaint form due to disability. Please call the Office of the Secretary of State at 1-800-448-4881 for assistance.

Mail original and notarized administrative complaint paperwork to:

Secretary of State, Elections Division

Post Office Box 40229

Olympia, WA 98504-0229

Elections Division, Washington Office of the Secretary of State

P.O. Box 40229, Olympia, WA 98504-0229

1-800-448-4881

elections@sos.wa.gov



Elections Division

A. Person Making Complaint

Last Name/Surname: First Name: Middle Initial:

Street Address:

City: County: State: Zip Code:

Home Telephone Number: Work Telephone Number:

Cell Telephone Number: Email Address (Optional):

B. Person(s) or Organization(s) Against Whom Complaint is Brought

Name(s):

Organization(s):

Position(s) of person(s) (if applicable):

C. Legal Counsel Information

Not Applicable:

Name of Your Attorney:

Street Address:

City: State: Zip Code:

Telephone Number: Email Address (Optional):

Name of Firm:

Complaint Number:

For office use only

[Continue form on next page.]



Elections Division

D. Alleged Violations of Help America Vote Act of 2002 (check all that apply).

My complaint is regarding:

- Voting machines and systems
- Accessibility for individuals with disabilities
- Provisional voting procedures
- Required posting of voting information at voting center
- Computerized statewide voter registration list
- Other Title III provision (please specify using statutory provision):

[Empty rectangular box for specifying other Title III provision]

E. Description of the Alleged Violation

Please identify:

1. The facts of the alleged violation, including each provision of 52 U.S.C. § 21081-21085 in which a violation is being alleged;
2. Witnesses, if any, and contact information if you have it;
3. Date and time you became aware of the alleged violation;
4. Location, date, and time where the alleged violation occurred or is about to occur;
5. Who is responsible for the alleged violation;
6. Other information that you think will be helpful in resolving your complaint;
7. If you would like a hearing to be held.

[Large empty rectangular box for describing the alleged violation]

Complaint Number:

For office use only

[Continue form on next page.]



Elections Division

Sign in the presence of a notary public:

I hereby certify that the information provided above is true and correct to the best of my knowledge.

Complainant Signature

Date

Notary Public:

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of Washington

County of _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20_____.

Notary Signature

Title

My commission expires: _____

Seal or Stamp

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Secretary of State, Elections Division

Post Office Box 40229

Olympia, WA 98504-0229

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Complaint Number:

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