

ELECTIONS FRAUD COMPLAINT

Voter Fraud Hotline Telephone number 1-877-868-3737

Under section 97.012(15), Florida Statutes, the Department of State has authority to conduct preliminary investigations into any allegations of irregularities or fraud involving voter registration or voting, or candidate or issue petition activities. The Department may then report its findings to the Office of Statewide Prosecution or to the State Attorney for the judicial circuit in which the alleged violation occurred for prosecution, where warranted.

Please return the completed complaint form to: *Florida Department of State, Office of the General Counsel
1st Floor, R.A. Gray Building
500 S. Bronough Street
Tallahassee, Florida 32399-0250*

You will receive a written response from the Department of State at the end of its investigation.

PERSON BRINGING COMPLAINT

Name _____ Day _____ Evening _____
Phone _____ Phone _____
Address _____ City _____
County _____ State _____ Zip _____
Code _____
E-mail Address _____

PERSON OR ENTITY AGAINST WHOM COMPLAINT IS BROUGHT (limit one person/entity per form)

Name _____ Work _____
Phone _____

Person's title of office or position held or sought if applicable _____
Name of Governmental Office or Private Entity/Office _____
Address _____ City _____
County _____ State _____ Zip _____
Code _____

Have you filed this complaint with the (check all that apply):

State Attorney's Office	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Office of Statewide Prosecution	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Florida Department of Law Enforcement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Florida Elections Commission	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Florida Commission on Ethics	<input type="checkbox"/> Yes	<input type="checkbox"/> No

VIOLATION: If you believe any irregularities or fraud involving voter registration or voting, or candidate or issue petition activities have been committed, please state the specific acts committed by the person or entity named in this complaint:

STATEMENT OF FACTS

State in your own words exactly what happened. Please include details such as what happened, where the events or acts happened, when they happened (including dates and times), what you were told, who spoke to you and to whom you spoke, what you agreed or did not agree to, and who else saw or knows about what happened. Include the names, addresses and phone numbers of relevant persons. Also, give any reasons why you feel that the person or entity against whom you have brought this complaint knew that his or her actions were wrongful. The more specific information that you provide to us, the better we will be able to assist you.

Check here if additional pages or documents are attached.

Signature of complainant

Date Signed

Print or type name of complainant

It is a third-degree felony for any person to knowingly and willfully make any false, fictitious, or fraudulent statement or representation in any matter within the jurisdiction of the Department of State. See § 817.155, Fla. Stat.

THIS COMPLAINT IS NOT CONFIDENTIAL. ONCE IT IS FILED WITH THE DEPARTMENT OF STATE, IT BECOMES A PUBLIC RECORD.