

# ELECTIONS COMPLAINT FORM

**WV SECRETARY OF STATE'S OFFICE**  
1900 Kanawha Blvd., East  
Building 1, Suite 157-K  
Charleston, WV 25305-0770



Telephone: (304) 558-6000  
Toll Free: 1-877-FRAUD-WV  
FAX: (304) 558-0900  
[www.sos.wv.gov](http://www.sos.wv.gov)

Email: [investigationsupport@wvsos.gov](mailto:investigationsupport@wvsos.gov)

WV Code §3-8-8 strictly prohibits anyone employed by the Office of the WVSOS from disclosing information of any complaint, investigation or report.

Today's Date: \_\_\_\_\_ Date(s) of Alleged Offenses: \_\_\_\_\_

Nature of Complaint (PLEASE SELECT ONE):  Election  Voter  Campaign Finance

Complainant's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Person(s) Allegations are Against: \_\_\_\_\_

Position Held (current): \_\_\_\_\_  N/A Elected Position Sought: \_\_\_\_\_  N/A

Describe your allegations to the best of your ability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  (cont on attached sheet)

Relief Sought: \_\_\_\_\_

\_\_\_\_\_

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

X \_\_\_\_\_

**Complainant Signature**

**STATE OF WEST VIRGINIA, COUNTY OF \_\_\_\_\_**

The foregoing instrument was acknowledged before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_

COMPLAINANT NAME

X \_\_\_\_\_

Notary Public

MY COMMISSION EXPIRES

\_\_\_\_\_

Notary Stamp Here

**DO NOT WRITE BELOW THIS LINE**

Case No. Assigned: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Investigator Assigned: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Date of Completion: \_\_\_\_\_ Outcome: \_\_\_\_\_