

ELECTIONS COMPLAINT FORM

WV SECRETARY OF STATE'S OFFICE
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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

Notary Stamp Here

DO NOT WRITE BELOW THIS LINE

Case No. Assigned: _____ Date: _____ By: _____

Investigator Assigned: _____ Date: _____ By: _____

Date of Completion: _____ Outcome: _____