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### 2014 VRP ELECTION DAY COMPLAINT LOG FORM

 **CALLER/VOTER CONTACT INFORMATION**

First Name:

Last Name:

Address:

City:

State:

Zip/Postal Code:

Phone:

Email: \_\_\_\_\_\_\_\_\_\_\_

 **ETHNICITY**

[ ]  Arab-American [ ]  Native American/Alaskan Native

[ ]  Asian/Pacific Islander [ ]  White

[ ]  Black [ ]  Other

[ ]  Hispanic [ ]  Unspecified

### DETAILS OF PROBLEM/INQUIRY

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and time of incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Polling Place Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Precinct No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **TYPE OF PROBLEM**

[ ]  Absentee ballot related problem [ ]  Unable to read ballot

[ ]  Registration related problem [ ]  Insufficient number of ballots

[ ]  Voter Intimidation [ ]  Provisional ballot problem

[ ]  Machine Problem [ ]  Other ballot related problem

[ ]  Identification related problem [ ]  Late opening

[ ]  Criminal status related problem [ ]  Early closing

[ ]  Student status related problem [ ]  Long lines

[ ]  Non-English lang. assistance problem [ ]  Polling place inquiry

[ ]  Disability access problem [ ]  Other polling place problem

[ ]  Other – describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DESCRIPTION OF PROBLEM (do not include names):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **VOTER REGISTRATION DATE (or approximation):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**METHOD OF REGISTRATION:** [ ]  Registrar's office [ ]  Social service agency

 [ ]  Mail [ ]  Voter reg. drive

 [ ]  DMV [ ]  Other

**ARE YOU VOTING FOR THE FIRST TIME?** [ ]  YES [ ]  NO

**NAMES AND CONTACT INFORMATION OF PERSONS AFFECTED AND/OR WITNESSES:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACTION TAKEN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOW DID YOU FIND OUT ABOUT THIS HOTLINE?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE RETURN THIS FORM TO:**

**Mailing Address**: ACLU of Arizona - P.O. Box 17148, Phoenix, AZ 85011-0148

**Fax:**  602-650-1376

**Scan & Email:** info@acluaz.org