STATE OF NEVADA
SECRETARY OF STATE
BARBARA K. CEGAVSKE

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For official use only:

Received by: _____

Date Received: _____

Complaint Type:_____

[Stamp here]

ELECTION INTEGRITY VIOLATION REPORT

The information you report on this form may be used to help us investigate violations of Nevada election laws. When completed, mail, email, or fax your form and supporting documents to the office listed above. Upon receipt, your complaint will be reviewed by a member of our staff. The length of this process can vary depending on the circumstances and information you provide with your complaint. The Office of the Secretary of State may contact you if additional information is needed.

INSTRUCTIONS: Please TYPE/PRINT your complaint in dark ink. You must write LEGIBLY. All fields MUST be completed.

SECTION 1.

COMPLAINANT INFORMATION Salutation: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

Your Name: _____ _____ _____
Last First MI

Your Organization, if any: _____

Your Address: _____ _____ _____ _____
Address City State Zip

Your Phone Number : _____ _____ _____ _____
Home Cell Work Fax

Email: _____ Call me between 8am-5pm at: ☐ Home ☐ Cell ☐ Work

SECTION 2.

TYPE OF COMPLAINT

- ☐ **Campaign Practices**
- ☐ **Contributions / Expenses**
- ☐ **Voter Registration**
- ☐ **Other**
- ☐ **Voter Fraud**
- ☐ **Initiative / Referendum Petition**
- ☐ **Financial Disclosure Statement**

SECTION 3.

COMPLAINT IS AGAINST

Please detail the nature of your complaint. Include the name and contact information (if known) of the individual, candidate, campaign, or group that is the subject of your complaint. Your complaint must also include a clear and concise statement of facts sufficient to establish that the alleged violation occurred. Any relevant documents or other evidence that support your complaint should be listed and attached. You may attach additional sheets if necessary.

SECTION 4.

Sign and date this form. The Secretary of State's Office cannot process any unsigned, incomplete, or illegible complaints. In order to resolve your complaint, we may send a copy of this form to the person or group about whom you are complaining.

I am filing this complaint to notify the Office of the Secretary of State of the activities of a particular candidate, campaign, individual or group. I understand that the information contained in this complaint may be used to establish violations of Nevada law in both private and public enforcement actions. I authorize the Office of the Secretary of State to send my complaint and supporting documents to the individual or group identified in this complaint.

By signing my name below, I certify under penalty of perjury that the information provided in this complaint is true and correct to the best of my knowledge.

_____ _____

Signature Print Name

_____

Date (mm/dd/yyyy)

PRINT