

Submit Administrative Complaint To:

New York State Board of Elections

Office of Enforcement Counsel

40 Steuben Street, 3rd Floor

Albany, NY 12207

Complainant's Full Name: _____

Address: _____

County: _____

Phone: _____ Email: _____

My Witness(es): _____

Name(s) of Election Official/Poll Worker involved in problem:

Address of Polling Location where problem/violation occurred:

Date of Violation: _____

Description of violation:

Suggestions for Resolutions or Modifications:



I request a hearing: Yes _____ NO _____

Complainant's signature _____ Date _____

Notary Seal /Signature (use space provided below)

Date _____