



Polling Place Accessibility Complaint Form

FORM TO BE FILED WITH ELECTION ADMINISTRATOR AND SECRETARY OF STATE

PERSON BRINGING COMPLAINT

Name: _____

Mailing Address: _____
Street or PO Box City Zip

Residence Address: _____
Street City Zip

County of Residence: _____ Home Phone: _____ Work Phone: _____

Email Address: _____ Website Address: _____

POLLING PLACE OR LOCATION OF COMPLAINT

County: _____

Polling Place/Location: _____

Polling Place Address: _____
Street or PO Box City Zip

COMPLAINT INFORMATION

Complaint Date: _____

Complaint Witness(es)	Witness Contact Information:
_____	_____
_____	_____
_____	_____

Complaint Details: _____

AFFIRMATION OF COMPLAINANT

I hereby swear or affirm that the information provided above is true and correct to the best of my knowledge.

Signature of Complainant

Date

Where to file:
 Montana Secretary of State – Elections Division
 State Capitol, 2nd Floor, Room 260
 PO Box 202801
 Helena, MT 59620-2801
 Phone: 406-444-2034
 By Fax: 406-444-2023

AND
 County Election Administrator's Office
 A list of county election offices may be found at: sosmt.gov/elections