



TEXAS STATE NAACP ELECTION COMPLAINT FORM

7901 Cameron Road Bldg. #3 Suite 380, Austin, Texas 78754

Submit to: lkerrnaacp@gmail.com

Office: 512 985-9151 Cell/Text: 512 659-4816 FAX: 866 958 8375

This complaint form **MUST BE SIGNED** before being submitted

I. COMPLAINANT

FIRST Name _____ MI _____ LAST Name _____

ADDRESS (APT/SUITE# IF APPLICABLE) _____

CITY _____ COUNTY _____ ZIP CODE _____

TELEPHONE NUMBER: Home _____ Cell _____

COMPLAINANT E-MAIL ADDRESS _____

II. PERSON OR ENTITY COMMITTING ALLEGED VIOLATION(S)

FIRST Name _____ MI _____ LAST Name _____

POSITION OR TITLE OF PERSON _____

LOCATION OF THE VIOLATION ADDRESS _____

VOTING SITE ☐ YES ☐ NO NAME OF THE SITE _____

PRECINCT# _____ ELECTION JUDGE NAME _____

CITY _____ COUNTY _____ ZIP CODE _____

AREA CODE & TELEPHONE NUMBER _____

E-MAIL ADDRESS (IF KNOWN) _____

III. STATEMENT OF FACTS: PLEASE ATTACH ADDITIONAL PAGES AS NEEDED WHICH CAN INCLUDE PHOTOS, OR VIDEOS, NAME/S AND CONTACT INFORMATION OF WITNESSES. Please use simple, concise, and direct statements.

NAME & ADDRESS OF THE VOTING SITE _____

DATE OF ELECTION VIOLATION _____ MM/DD/YYYY APPROXIMATE TIME _____

COUNTY OR POLITICAL SUBDIVISION _____ PRECINCT # _____

List or attach all documents and other materials that are relevant to this complaint and that are within your knowledge, including their location, if known.

ATTACH ADDITIONAL PAGES AS NEEDED

The undersigned _____ (PRINTED YOUR NAME AS COMPLAINANT) affirm that the information contained in this complaint is true and correct to the best of my knowledge. I have read and understand the accompanying instructions, and I am aware that completion of this form cannot and will not alter the outcome of the election and may be used in future proceedings regarding voting irregularities.

COMPLAINANT SIGNATURE _____

NAACP ELECTION PROTECTION HOTLINES

(254) 754-7001 or (512) 985-9151