

ADMINISTRATIVE COMPLAINT FORM

PLEASE PRINT ALL INFORMATION

PERSON BRINGING COMPLAINT

Name of Complainant _____

Street Address _____

City _____ State _____ Zip _____

Daytime Phone Number _____ Fax Number _____

Email Address _____

PERSON OR ENTITY AGAINST WHOM COMPLAINT IS BROUGHT

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____

DESCRIPTION OF VIOLATION

Section of Title III of the Help America Vote Act allegedly violated (if known): _____

Please explain the basis for your complaint. State detailed facts and circumstances, including names of persons whom you believe have knowledge of the facts. If necessary, attach additional sheets.

Date alleged violation occurred: _____

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Would you like the Secretary of State to conduct a hearing on the record? Yes No

I swear under oath that all statements made in this complaint are true and correct.

Signature of Complainant

Date

Printed Name

State of Kansas)

County of _____)

Sworn and subscribed to before me this _____ day of _____, 20 ____ .

Signature of Notary Public

My Commission expires _____

ACCOMODATIONS

Any person with a disability may request accommodation in order to participate in the administrative complaint process. Requests for accommodation should be made at the time of filing the complaint, or, for participants other than the complainant, ten working days before the accommodation is needed. Requests should be made to the Legal Division, (785) 58: -: 252 or 1-800-262-8683 (TTD/TTY). Accessible parking is located on the south side of Memorial Hall, and accessible entryways to the building are located on the south side of Memorial Hall and through the adjoining building, Landon State Office Building.

Please mail or fax the completed form to:

Legal Counsel

Memorial Hall, 1st Floor

120 SW 10th Avenue

Topeka, KS 66612-1594

Phone: (785) 58: -: 252

Fax: (785) 368-8032

Email: ryan.kriegshauser@sos.ks.gov