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### 2014 VRP ELECTION DAY COMPLAINT LOG FORM

**CALLER/VOTER CONTACT INFORMATION**

First Name:

Last Name:

Address:

City:

State:

Zip/Postal Code:

Phone:

Email: \_\_\_\_\_\_\_\_\_\_\_

**ETHNICITY**

Arab-American  Native American/Alaskan Native

Asian/Pacific Islander  White

Black  Other

Hispanic  Unspecified

### DETAILS OF PROBLEM/INQUIRY

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and time of incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Polling Place Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Precinct No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TYPE OF PROBLEM**

Absentee ballot related problem  Unable to read ballot

Registration related problem  Insufficient number of ballots

Voter Intimidation  Provisional ballot problem

Machine Problem  Other ballot related problem

Identification related problem  Late opening

Criminal status related problem  Early closing

Student status related problem  Long lines

Non-English lang. assistance problem  Polling place inquiry

Disability access problem  Other polling place problem

Other – describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DESCRIPTION OF PROBLEM (do not include names):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VOTER REGISTRATION DATE (or approximation):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**METHOD OF REGISTRATION:**  Registrar's office  Social service agency

Mail  Voter reg. drive

DMV  Other

**ARE YOU VOTING FOR THE FIRST TIME?**  YES  NO

**NAMES AND CONTACT INFORMATION OF PERSONS AFFECTED AND/OR WITNESSES:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACTION TAKEN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOW DID YOU FIND OUT ABOUT THIS HOTLINE?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE RETURN THIS FORM TO:**

**Mailing Address**: ACLU of Arizona - P.O. Box 17148, Phoenix, AZ 85011-0148

**Fax:**  602-650-1376

**Scan & Email:** [info@acluaz.org](mailto:info@acluaz.org)