

**STATE BOARD OF ELECTION COMMISSIONERS'  
OFFICIAL COMPLAINT FORM**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
County: \_\_\_\_\_  
Day Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Election/Date: \_\_\_\_\_

*A complaint must be filed no earlier than forty-six (46) days before an election and no later than thirty (30) days following the deadline to certify the election associated with the complaint. Arkansas Code Annotated § 7-4-120*

*Please describe the details of the complaint below and attach additional pages if needed. Be specific as to the nature of the alleged election irregularities or illegalities, indicate when and where the allegations occurred, provide supporting facts surrounding the allegations, and state your desired resolution.*

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

**AFFIRMATION**

The facts set forth in this complaint are true and correct to the best of my knowledge, information, and belief, under penalty of perjury.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

**Remit to: State Board of Election Commissioners**  
**501 Woodlane, Suite 122 South**  
**Little Rock, AR 72201**  
**501-682-1834 / 800-411-6996**