

ACLU of RI

VOTING RIGHTS COMPLAINT FORM

Your Name _____
Phone _____
Address _____ City _____ State _____ Zip _____
Your age _____
Your race _____
Date/time of incident _____
Location of incident/polling place _____

Please select the option or options best describing what happened (check any/all that apply):

- Did Not Have ID
- ID Not Accepted
- Inaccurate Polling Place Information
 - From Board of Canvassers
 - From Board of Elections
 - From Secretary of State
 - From political party or organization
 - From other _____
- Inaccurate Voter Registration Information
- Denied Assistance/Interpretation
- Harassed/Intimidated
 - By poll worker
 - By election monitor/watcher
 - By campaign staff
 - By other _____
- Unable to Access Polling Place
- Other (please explain) _____

Were you allowed to vote, either by regular, absentee or provisional ballot?

- Yes
- No

Was your provisional ballot counted?

- Yes
- No
- Don't know

1. Summarize the event or the action that you consider a violation of your voting rights. Include the dates, places, and the names of those who were directly involved. *(Attach additional pages if needed.)*

2. Have you contacted the Secretary of State, Board of Elections, Board of Canvassers, or other organizations or agencies regarding this violation? If so, please provide the names of individuals or agencies contacted, dates contacted and any outcome.

3. Have you consulted with an attorney, or are you presently represented by one, regarding this matter?

- Yes, hired
- Yes, consulted
- No

If, yes, may we contact him/her for more information?

- Yes
- No

Please provide the name, address and phone number of the attorney:

4. All complaints received by the ACLU of RI are kept confidential. However, in the process of reviewing your complaint, the information you give here may be disclosed to ACLU of RI staff, legal advisors, and Board of Directors. Where we deem it appropriate, do we have your permission to contact authorities or other persons regarding your complaint?

- Yes
- No

If yes, may we use your name?

- Yes
- No

Your Signature

Today's Date

Return form to:

- 1) Email to policy@riaclu.org, OR
- 2) Return by mail or fax to:
ACLU of RI
128 Dorrance Street, Ste. 400
Providence, RI 02903
FAX: (401) 831-7175