

COMPLAINT FORM

All complaints will be investigated by the Superintendent of Elections within 30 days following the Election.

Please Note: Anonymous complaints will not be investigated.

DATE OF INCIDENT:**LOCATION OF INCIDENT:****Are you a Registered Voter in Gloucester County?**

Yes

No

Name: _____

Address: _____

Phone #: _____ **Email:** _____

Complaint:

Denied the Right to Vote

Voter Intimidation / Harassment

Polling Place Problems

Voter Registration Issues

Problem with Board Worker

Accessibility Barriers at Polling Place

Accessibility Barriers with Voting Equipment

Other: _____

Detailed Description of Complaint:**Signature:****Date:**

Complaint Forms may be sent via email to ssalvatore@co.gloucester.nj.us or by mail to the Superintendent of Elections - 550 Grove Rd. Paulsboro, NJ 08066