

# 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](mailto:ssalvatore@co.gloucester.nj.us) or by mail to the Superintendent of Elections - 550 Grove Rd. Paulsboro, NJ 08066