

HAVA FORMAL COMPLAINT FORM

For any allegation of a violation of Title III of the Help America Vote Act of 2002
(52 U.S.C. §§ 21081 --21085)

This Form may only be used to file a HAVA Formal Complaint.

HAVA Formal Complaints may only be filed with the State Board of Elections.

Purpose

Any person who believes that there is a violation of any provision of Title III of HAVA, which has occurred, is occurring, or is about to occur, may file a Formal Complaint with the State Board of Elections. Any person with a disability or otherwise may request assistance with the filing of a Formal Complaint by calling 1-800-458-3453.

Note:

- 1) This Form must be sworn to or affirmed under oath **and** notarized in order to initiate the Formal Complaint process.
- 2) All complaints shall be filed within one hundred and twenty (120) days of the occurrence of the actions or events that form the basis for the complaint.

Reasonable Accommodations

Upon request, reasonable accommodations will be made for persons who are unable to complete the complaint form due to disability. Please call 1-800-458-3453 for assistance.

Complaint Procedure

- Once the complaint is received, it will be assigned a complaint number and reviewed for completeness.
- If it is deemed appropriate, the complaint can be consolidated with other complaints that present common questions of law or fact, arise out of the same actions or events, or involve the same respondents.
- If the complaint is incomplete, the State Board will inform you to submit a completed or corrected complaint within thirty (30) days of being notified.
- If upon review the complaint is determined to be complete, it shall be deemed filed, and a Notice of Acceptance of Complaint (NAC) shall be issued to the complainant.
- A final decision shall be made by the State Board within ninety (90) days of issuance if the NAC, unless the Complainant agrees to an extension of the time for review by the State Board.
- If a determination is not made within 90 days of issuance of the NAC or any agreed upon extension of time, it shall be referred by the State Board to an independent Alternative Dispute Resolution (ADR) agency.
- The Complainant or the Respondent (the entity or person against whom the complaint is being brought) have the right to request a hearing on the record, as well as the right to purchase any transcripts of that hearing.
- The State Board may mandate a hearing even if one is not requested by the parties.
- Hearings will be held at the offices of the State Board of Elections at 40 Steuben Street, Albany, NY 12207 unless either party requests that the hearing be conducted by telephone or, where available, interactive video.
- The State Board shall be responsible for the costs of administering hearings. This shall not include any expenses of any Complainant or Respondent.

Note: The Rules and Regulations for the HAVA Administrative Complaint Procedure (Title 9, NYCRR § 6216 et. seq.), promulgated pursuant to Election Law Section 3-105, are fully incorporated herein by reference. To obtain a copy, which contains a complete description of the HAVA Administrative Complaint procedure, go to www.elections.state.ny.us or call 1-800-458-3453.

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OFFICIAL USE ONLY
SBOE / CBOE (circle one)
CBOE Name:
Processed By:
Date:
SBOE ONLY: HAVA CMP #
Assigned To:

A.) NAME(S) OF ENTITY OR PERSON BRINGING COMPLAINT

Name of Entity/Person

If filing on behalf of Entity include:

Representative's Name:

Title:

Street Address (If filing on behalf of Entity use Entity's address)

City, State, County, Zip

Primary Number (Incl. Area Code)

Secondary Number (Incl. Area Code)

Email Address (Optional)

Check here if you have attached additional sheets: _____

Number of additional sheets: _____

B.) NAME(S) OF ENTITY OR PERSON AGAINST WHOM YOU ARE BRINGING THE COMPLAINT

Name of Entity and/or Person

Street Address

City, State, County, Zip

Telephone Number (Incl. Area Code)

Check here if you have attached additional sheets: _____

Number of additional sheets: _____

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SBOE ONLY: HAVA CMP #

C.) NAME OF YOUR ATTORNEY (If you have one)

Last Name

First Name

Middle Initial

Street Address

City, State, County, Zip

Telephone Number (Incl. Area Code)

Name of Firm

D.) DESCRIPTION OF COMPLAINT

Describe the complaint in the box below. To the best of your ability, please include:

- 1) The facts of the alleged violation(s).
- 2) Relevant dates and times specific to the violation(s).
- 3) Location of the violation(s).
- 4) Who you believe is responsible for the violation(s).
- 5) Any witnesses to the violation(s) (Please include contact information if you have it).
- 6) **Any documents that are relevant to the complaint.** (If you believe anything should be kept confidential, you may request that the Board deem it confidential. Please identify it and explain the basis for your request).

Description of complaint:

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D.) DESCRIPTION OF COMPLAINT (continued)

[Empty box for description of complaint]

Check here if you have attached additional sheets: _____
Number of additional sheets: _____

E.) RELIEF SOUGHT (Describe in the box below)

Note: Remedies can not include

- award of damages or payment of costs
- penalties or attorneys fees
- the invalidation of any election or a determination of the validity of any ballot or vote

Description of relief being sought: (What would you like to see happen?)

[Empty box for description of relief being sought]

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F.) HEARING REQUEST

Check here if you wish to request a hearing: _____

If you are requesting a hearing, please check if you want the hearing to be in person at Albany, New York, or if you want the hearing to be by telephone, or where available, interactive video.

Telephone/Interactive Video Hearing

Hearing at Albany, New York

Please note, reasonable accommodations will be made for persons at the hearing for individuals with a disability upon request. Please call 1-800-458-3453 for assistance.

NOTICE: Pursuant to Election Law § 3-105 (9), no provision of Election Law § 3-105, or the Rules and Regulations promulgated thereunder, shall be construed to impair or supersede the right of an aggrieved party to seek a judicial remedy, including a judicial remedy concerning any final determination made pursuant to Election Law § 3-105 (8).

G.) THIS COMPLAINT MUST BE NOTARIZED

I, _____, under penalty of perjury, do hereby swear or affirm that the information contained in this complaint is true and correct to the best of my knowledge.

Signature

Sworn to and subscribed before me on this _____ day of _____, 20_____.

Notary Public

My Commission Expires

**Please return the completed form to:
The New York State Board of Elections
Office of Counsel
40 North Pearl Street, Suite 5
Albany, NY 12207**