

# HAVA Complaint Form

## Instructions for HAVA Complaint Form

### Secretary of State authority

The Secretary of State investigates and resolves violations of Title III of the Help America Vote Act (HAVA). Section 1-1.5-105, C.R.S.

### When to use this form

Any person who believes a violation of Title III of HAVA has occurred, is occurring, or is about to occur, may file a complaint. You must file the complaint no later than one year from the date of either the occurrence of the alleged violation or of the election giving rise to the complaint, whichever is later. You must allege a specific violation, include a reference to the section of HAVA you allege was violated, and the person or entity responsible for the violation.

To initiate the complaint process, you must file a sworn, written, signed and notarized complaint with the Secretary of State.

Examples of HAVA violations include:

- Voter registration applications were improperly processed
- Voter was not allowed to vote a provisional ballot or was not able to determine whether a provisional ballot was counted
- Required voting information was not publicly posted in a voter service and polling center
- A voter service and polling center was not accessible to individuals with disabilities
- Voter was not given assistance to accommodate their disability
- Voter was not given assistance in their own language
- Voter was not provided with election materials in their own language
- The county's voting system does not meet the requisite standards

### How to fill out form

You may type directly into the fields of the form or print it out and fill it in by hand.

Provide as much information and detail as possible. All fields marked with an asterisk (\*) are required.

State the specific acts committed by the County Clerk named in the complaint along with a reference to the section of Title III of HAVA alleged to be violated.

State in your own words the detailed facts and circumstances that form the basis of your complaint. Include any relevant person(s), dates, and times. Include the contact information for any witnesses or people who may have knowledge of the alleged violation(s). Provide any reasons you feel the alleged violation(s) may have been committed.

This complaint will be investigated and adjudicated without a hearing unless you request one on this form. You may always withdraw your request later.

This form must be notarized.

Mail, fax, deliver, or scan your signed form and email to:

The Colorado Secretary of State, Elections Division

1700 Broadway, Ste. 550

Denver, CO 80290

Fax: 303-869-4861

[public.elections@coloradosos.gov](mailto:public.elections@coloradosos.gov)

## **Notice**

This complaint is not confidential and, once filed with the Department of State, will be treated as a public record.

# HAVA Complaint Form

Elections Division  
Colorado Secretary of State  
1700 Broadway, Ste. 550 Denver, CO 80290  
Phone: 303-894-2200  
Email: [public.elections@coloradosos.gov](mailto:public.elections@coloradosos.gov)

Fax: 303-869-4861  
Website: [www.coloradosos.gov](http://www.coloradosos.gov)

The completed form is required to begin an investigation. All fields marked with an asterisk (\*) are required. This complaint is not confidential and, once filed with the Department of State, will be treated as a public record.

## Your Information

Name\*

Address 1\*

Address 2

City\*

State\*

ZIP code\*

Phone\*

Email

## County Clerk Information

Name\*

Address 1\*

Address 2

City\*

State\*

ZIP code\*

Phone\*

Email

## Alleged Violation(s)\*

I allege that the County Clerk, or their staff or designee(s), violated Title III of the Help America Vote Act (HAVA) as follows:

HAVA/Federal Election Law was violated because: (Mark all that apply)

- Applications for voter registration were not properly processed, e.g. applicants were not required to provide appropriate identification
- Required voting information was not publicly posted in polling place on Election Day
- Voting system standards were not met

I was not: (Mark all that apply)

- Allowed to vote using a provisional ballot
- Given assistance to accommodate my disability
- Given assistance in my own language

I was not able to: (Mark all that apply)

- Determine whether my provisional ballot was counted
- Vote because my polling place was not accessible to individuals with disabilities

Would you like to request a hearing? (You may withdraw this request at any time)

- Yes       No

Are you willing to testify about this complaint in an enforcement proceeding?

- Yes       No

## Complaint\*

Include as many specific details as you can. Attach additional pages if necessary. (Type or print.)

## Notarized signature\*

I affirm under penalty of perjury that the information contained in this complaint is true and accurate to the best of my knowledge.

Signature\*

Date\*

STATE OF COLORADO

County of:

Signed and affirmed before me on \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_ (name of individual making statement).

Notary official signature

[Stamp]

Title of Office