



Office of the New Mexico Secretary of State
Election Complaint Form

For Help America Vote Act (HAVA) Complaints

Please TYPE or PRINT the information on this form.

Complainant Information (Person/organization filling out this complaint)

First Name: Last Name:
Street Address: Apt#:
City: State: Zip Code:
Email Address: Phone:
Preferred Communication (check one): EMAIL PHONE

Respondent Information (Person(s)/organization(s) complaint is being filed against)

Name(s):
Organization(s):
Position(s) or Person(s) (if applicable):

Statement of Facts

Date(s) and time(s) alleged event(s) occurred:
Location(s) of alleged event(s):
Names and contact information of any witnesses/victims:

Description of Your Complaint

Please indicate if you are attaching additional pages: Attached hereto are (#) pages which reasonably describe the action(s) or inaction(s) which I believe violate HAVA. I have included a description of what action(s) will resolve my concern(s).

Complainant requests an on-the-record hearing (check one): YES NO

Signature: I acknowledge that all of the above information is true and accurately reflects the matter in question to the best of my knowledge.

Signature: Date:

\*IMPORTANT NOTE: If your complaint alleges a violation of Title III of HAVA, a notary public must complete the certificate of acknowledgement on following page.

**Certificate of Acknowledgement  
For HAVA Title III Complaints**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy or validity of that document.

I, \_\_\_\_\_, am making the following statement: I understand that if I am found to have a  
*print name*  
false leading statement concerning information on the attached document, I may be subject to the penalty of perjury.

\_\_\_\_\_  
*Signature*

State of New Mexico

County of \_\_\_\_\_

Subscribed and sworn to before me, \_\_\_\_\_ this \_\_\_\_\_ day of  
*Notarial Officer Name* *day*

\_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_.  
*month* *year* *complainant name*

OFFICIAL STAMP

\_\_\_\_\_  
NOTERIAL OFFICER SIGNATURE

\_\_\_\_\_  
TITLE OF OFFICE

**Return this form to: SECRETARY OF STATE'S OFFICE  
BUREAU OF ELECTIONS, ETHICS DIVISION  
325 Don Gaspar, Suite 300  
Santa Fe, NM 87501  
(505) 827-3600  
sos.elections@sos.nm.gov**