Madsion County Election Board Election Complaint Form

Please submit completed form to the Madison County Election Office via: Email: voterservices@madisoncounty.in.gov, Mailing address: PO Box 1277, Anderson, IN 46015, In-Person: 16 E 9th Street, Anderson, IN 46016, or by Fax: 765-640-4203.

Your Information Date of Complaint: Name: Address: Telephone: E-Mail: Complaint Information Date of Incident: Time of Incident: Location of Incident: Please describe the incident in detail, including which election laws you believe may have been violated: Please identify all known witnesses and provide names and telephone numbers:

Is this the first time you have raised the	is concern?	Yes	No
Do you have any suggestions for resol	ving this compla	aint? If so, plea	ase explain:
Please provide feedback, additional feen nvestigating your complaint:	edback or comm	ents to consid	er when
	, am a resid	lent of Madisc	on County, IN.
Signature		Date	
affirm under the penalties of perjury the best of my knowledge and belief.	that the foregoin	ng representati	ons are true to
	Signature		
Addre	ss:		
Received and forwarded to the Madiso Attorney by:	n County Electi	on Board and	County
Signature	Date		