

**STATE OF WISCONSIN  
ELECTIONS COMMISSION**

COMPLAINT FORM

**Please provide the following information about yourself:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail \_\_\_\_\_

**State of Wisconsin  
Before the Elections Commission**

The Complaint of \_\_\_\_\_

\_\_\_\_\_, Complainant(s) against

\_\_\_\_\_, Respondent, whose

address is \_\_\_\_\_.

This complaint is under \_\_\_\_\_ (Insert the applicable sections of law in chs. 5 to 10 and 12 and other laws relating to elections and election campaigns, other than laws relating to campaign financing)

I, \_\_\_\_\_, allege that:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Set forth in detail the facts that establish probable cause to believe that a violation has occurred. Be as specific as possible as it relates to dates, times, and individuals involved. Also provide the names of individuals who may have information related to the complaint. Use as many separate pages as needed and attach copies of any supporting documentation.)

Date: \_\_\_\_\_  
Complainant's Signature

I, \_\_\_\_\_, being first duly sworn, on oath, state that I personally read the above complaint, and that the above allegations are true based on my personal knowledge and, as to those stated on information and belief, I believe them to be true.

\_\_\_\_\_  
Complainant's Signature

STATE OF WISCONSIN

County of \_\_\_\_\_,  
(county of notarization)

Sworn to before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature of person authorized to administer oaths)

My commission expires \_\_\_\_\_, or is permanent.

Notary Public or \_\_\_\_\_  
(official title if not notary)

**Please send this completed form to:**

Mail: Wisconsin Elections Commission  
P.O. Box 7984  
Madison, WI 53707-7984

Fax: (608) 267-0500

Email: [elections@wi.gov](mailto:elections@wi.gov)