

Official Election Complaint Form



STEP 1

Complaint Type

Please select the statutory process that governs your complaint:

Note: you should choose only one statutory process per complaint; if you feel that your allegations fall under more than one statutory process, you should submit separate complaints under each process.

[5.05 \(Election Law Violation\)](#)

[5.06 \(Violations by Election Officials or Appeals of Decisions of Election Officials\)](#)

[5.061 \(Help America Vote Act Violation\)](#)

STEP 2

Complainant Contact Information

Please provide the following information about yourself.

Note: Anyone filing this complaint with you can add their information on a separate page (see page 4).

STEP 3

Respondent

Please provide the following information about the individual or individuals whom you allege violated or improperly administered election laws:

Note: For 5.06 complaints, each respondent must be an election official. If there are multiple respondents, you can add their information on a separate page (see page 5).



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Applicable Statutes

Please cite each statute within Chapters 5 to 10 and 12 of the Wisconsin Statutes, as well as any other laws relating to elections, other than laws relating to campaign financing, that you allege were violated or improperly administered.

Note: The Commission cannot accept a complaint that does not cite specific provisions, including the correct subsections, of election law.



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Allegations

Set forth in detail the facts that establish probable cause to believe that a violation occurred. Be as specific as possible as it relates to dates, times, individuals, and actions involved. Use as many separate pages as needed and attach copies of any supporting documentation, evidence, or affidavits.

STEP 6

Sign

Each complainant must complete **either** step 6a, "Unsworn Statement," or Step 6b "Sworn Statement." For either option, you may enter your digital signature by clicking the box and following the instructions, or you may print the form and sign it.

STEP 6a

Unsworn Statement

I declare under penalty of false swearing under the law of Wisconsin that the foregoing is true and correct. Signed on the _____ day of _____, _____ at _____ (city or other location and state or country).

Printed Name

Signature

STEP 6b

Sworn Statement (to be completed in the presence of a notary)

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

Note: Each complainant listed above in section 6b must have this form sworn before a notary or other official able to swear oaths.

STATE OF WISCONSIN

County of, _____ (county of notarization)

Sworn to before me this day of, _____.

Stamp Here

(Signature of person authorized to administer oaths)

My commission expires on _____, or is permanent.

Notary Public or _____ (official title if not notary)



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Filing the Complaint

Please send this completed form to the Wisconsin Elections Commission

Email:

elections@wi.gov

Please put your name and
"Complaint" in the email
subject field

Mail:

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

Fax:

608-267-0500

Additional Complainants

First Name

Last Name

Residential Address

Mailing Address (if different)

Telephone (optional)

Email

First Name

Last Name

Residential Address

Mailing Address (if different)

Telephone (optional)

Email

First Name

Last Name

Residential Address

Mailing Address (if different)

Telephone (optional)

Email

Additional Respondents

Respondent Name

Respondent Title (5.06 complaints)

Mailing Address

Telephone (if available)

Email (if available)

Respondent Name

Respondent Title (5.06 complaints)

Mailing Address

Telephone (if available)

Email (if available)

Respondent Name

Respondent Title (5.06 complaints)

Mailing Address

Telephone (if available)

Email (if available)

Respondent Name

Respondent Title (5.06 complaints)

Mailing Address

Telephone (if available)

Email (if available)