



NORTH CAROLINA STATE BOARD OF ELECTIONS

COMPLAINT AGAINST COUNTY BOARD OF ELECTIONS MEMBER

P.O. Box 27255
Raleigh, NC
27611-7255
Mailing Address

legal@ncsbe.gov
E-mail

(919) 814-0700 or
(866) 522-4723
Phone

(919) 715-0135
Fax

Submitting fraudulently or falsely completed declarations is a Class I felony under Chapter 163 of the General Statutes.

Instructions (08 NCAC 03 .0101)

Any voter desiring to bring charges of a violation of the North Carolina Administrative Code or of Chapter 163 of the North Carolina General Statutes with the State Board of Elections against a member of any county board of elections may do so by filing with the Board a written statement, signed and sworn under oath or affirmation of the voter. The statement must contain:

- 1) the name, residence address, and county of the member against whom the charges are brought;
- 2) a statement of the facts constituting the violation alleged, with a reference to the date and place of such misconduct; and
- 3) the names and addresses of persons who have knowledge or information of the matters referred to in the charges as filed.

Visit <https://bit.ly/2Z89VtS> for all requirements.

1 Information About Person Filing Complaint

Name	County	
Address		
City	State	Zip Code
E-Mail Address	Telephone Number	

2 Information about County Board Member Against Whom You are Filing a Complaint

Name	County	
Address		
City	State	Zip Code

Date the alleged violation occurred:

Place the alleged violation occurred:



4
Names &
Addresses of
Persons who
Have Knowledge
Related to the
Charges Filed

Provide the names and addresses, so far as you know, of persons who have knowledge or information of the matters referred to in the charges as filed.
Attach additional pages if necessary.

Name #1

Address

City

State

Zip Code

Name #2

Address

City

State

Zip Code

5
Attestation

I hereby swear or affirm, under penalty of perjury and other penalties established by North Carolina law, that the information provided in this complaint is true, correct, complete, and of my own personal knowledge, or if not, I believe the information to be true based upon the following:

X

Signature of Complainant

Date

6
Notarization

State of North Carolina, County of _____

Sworn to (or affirmed) and subscribed before me,

This _____ day of _____, 20_____

Signature of Notary Public:

Notary Stamp or Seal

Printed Name of Notary Public:

My Commission Expires _____