ELECTION COMPLAINT FORM
State of West Virginia
Secretary of State's Office

Betty Ireland
Secretary of State
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Today's date: _____

Name(s) of person(s) making complaint: _____

Contact information (address, daytime phone #, times to call, etc.): _____

_____

Date(s) alleged event(s) occurred: _____

Person(s) allegations are against: _____ **Position (if applicable):** _____

Elected office being sought (if applicable): _____

Description of allegations (if further description is needed beyond the capacity of this form, please attach additional pages as needed): _____

_____
_____
_____
_____
_____
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_____
_____
_____
_____

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

_____

STATE OF WEST VIRGINIA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ **by** _____.

My commission expires _____

_____
(Notary Public)