

Elections Department
500 E. San Antonio Ave, Suite #314
El Paso, Texas 79901



Phone: (915) 546-2154
Fax: (915) 546-2220
www.epcountyvotes.com

Lisa Wise
Elections Administrator

ELECTION COMPLAINT FORM

My complaint pertains to the election held on: _____

My complaint is regarding (check one):

Voting

Early Voting Station (Name of Station): _____

Election Day Polling Place (Name of Polling Place): _____

Poll Worker Misconduct

Election Law Violation

Other (Please specify): _____

Complainant Name: _____

Complainant Telephone Number: () _____ - _____

Please explain the basis of your complaint. If necessary, attach additional sheets:

I, the complainant, acknowledge that all of the above information is true and accurately reflects the matter, to the best of my knowledge.

Signature: _____ Date: _____

Mail form to:
El Paso County Elections Department, 500 E. San Antonio Ave., Suite 314, El Paso, Texas 79901
Attention: Melissa Rosales, Election Information and Resource Coordinator

Or email to:
merosales@epcounty.com

FOR OFFICIAL USE ONLY

COMPLAINT RECEIVED BY: _____ DATE: ____/____/____

COMPLAINT RESOLVED: ____/____/____ COMMENT(S): _____

SIGNATURE OF OFFICIAL: _____