

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 Location (Name of Location): \_\_\_\_\_
- ☐ Election Day Vote Center (Name of Vote Center): \_\_\_\_\_
- ☐ 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 Martin, Election Information and Resources Coordinator

Or email to:  
epelections@epcounty.com

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### FOR OFFICIAL USE ONLY

COMPLAINT RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

COMPLAINT RESOLVED: \_\_\_\_/\_\_\_\_/\_\_\_\_ COMMENT(S): \_\_\_\_\_

SIGNATURE OF OFFICIAL: \_\_\_\_\_