

TERRITORY OF THE VIRGIN ISLANDS TITLE III HELP AMERICA VOTE ACT (HAVA) COMPLAINT FORM

This complaint form if for violation of Title III of HAVA that you believe has occurred, is occurring or is about to occur.	
Check which of the following best describes the reason you believe a Title III violation occurred, is occurring or is about to occur?	
□ Voti	ing machine/system(s)
☐ Acc	essibility for Individuals with Disabilities
Prov	visional Voting or Voter information
□ Con	nputerized Territory wide Voter Registration List
Othe	er
Instruction/checklist: The following information is required in order for the complaint to be processed. Please Print.	
in the Acc All o You relevent o This will Elect hear o You	Inplete all information. Failure to complete the required information will result be complaint being dismissed. Ording to federal law, all HAVA complaints must be in writing and notarized. Complaints must be signed and sworn to by the person filing the complaint. In may attach any written material or other information that you believe is example to your complaint. Once filed with the Office of the Supervisor, it is be treated as a public record and any decision will be published on the extion System's website. You may request a hearing on the record, a formal ring. In will receive a written response within 90 days of the complaint being filed. Complainant's Information: A. Complainant's Name: B. Mailing Address: C. City J. State Zip Code D. Home No D. Home No D. Gell No Cell No Cell No Cell No Complainant Comp
2. Wha	A. Name of individual who violated Title III: (include in what capacity they served in relation to the violation)