

GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES

Elections System of the Virgin Islands

SUNNY ISLE SHOPPING CENTER UNIT 26, ST. CROIX, V.I. / 9200 LOCKHART GARDEN, ST. THOMAS
P.O. Box 1499 · Kingshill · St. Croix · U.S. Virgin Islands 00851-1499
P.O. Box 6038 · St. Thomas · U.S. Virgin Islands 00801-6038

Your VOTE is your voice. ✓ BOTA ya un ma form.

Administrative Complaint Form

Please Type or Print all of the information on this form.

Section 1 - Your Personal Information

Last name: _____ First Name: _____ M.I.: _____

Address: _____

City: _____ State: _____ Zip Code _____

Day Phone: _____ Evening Phone: _____ Fax No: _____

Section 2 - Subject of your complaint

Your complaint may be a Virgin Islands or Federal law violation. Common complaints are listed below. Please check off the subject of your complain and explain in detail in Section 3 on the reverse side.

Virgin Islands Violations

- | | |
|---|--|
| <input type="radio"/> I was not allowed to vote in private. | <input type="radio"/> I did not observe a sample ballot at the polls. |
| <input type="radio"/> I was not allowed to turn in my absentee ballot. | <input type="radio"/> I observed the casting of a fraudulent vote. |
| <input type="radio"/> I was not allowed to ask questions or ask for assistance. | <input type="radio"/> My polling place was not open on time or not at all. |
| <input type="radio"/> I was not allowed to vote, even though I was standing in line before the polls closed. | <input type="radio"/> I observed pollworkers acting or saying something discriminatory. |
| <input type="radio"/> I was not able to vote because I was not given assistance to accommodate my disability. | <input type="radio"/> I observed inappropriate electioneering or campaigning too close to the polls. |
| <input type="radio"/> I was not able to vote because I was not given assistance in my own language. | <input type="radio"/> I was not allowed to re-vote after I made a mistake. |
| <input type="radio"/> I was not provided election materials in my own language | <input type="radio"/> I observed precinct officials neglecting to perform their duties. |
| <input type="radio"/> My voter registration information was altered. | |
| <input type="radio"/> Other Virgin Islands Law violation: _____ | |

Federal Law Violations

Note: All allegations of Federal law violations must be notarized (see reverse side). The Help America Vote Act (P.L. 107-252) allows individuals to file a complaint if a violation has occurred, is occurring, or is about to occur.

- | | |
|---|--|
| <input type="radio"/> I was not allowed to vote using a provisional ballot. | <input type="radio"/> Provisions regarding verification of new voter registration were not followed. |
| <input type="radio"/> Required voting information was not publicly posted in a polling place on Election Day. | <input type="radio"/> I was not able to determined whether my provisional ballot was counted. |
| <input type="radio"/> Other Federal Law Violation: _____ | |

Section 3 - Details of the Complaint.

Explain the details of your complaint, Include names (such as names of any witnesses) addresses (including the address of the polling place), dates, and any other information to fully describe what happened. If you need additional space, please attach a separate sheet.

Section 4 - Sign and Attest.

I declare under penalty of perjury under the laws of the Virgin Islands that the foregoing is true and correct.

Executed on: _____ at: _____
(Date) (City /State or Territory)

Signature of Person Filing Complaint: _____

For your complaint to be valid, a notary public must complete the following certificate of acknowledgment.

CERTIFICATE OF ACKNOWLEDGMENT

_____)
Virgin Islands } SS

On: _____ before me, _____
(Date) (Name of Notary)

Personally appeared _____
(Name of Complainant)

personally known to me, or proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed above and acknowledged to me that he/she/their executed the same in his/her/their authorized capacity, and that by his/her/their signature the person, or the entity upon behalf of which- the person acted, executed this instrument.

**WITNESS my hand and official seal.
(Notary Seal)**

(Notary Signature)

**Return this form to:
Elections System of the Virgin Islands**

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