HAVA Administrative Complaint Form

January 2026

Any person who believes that a violation of Title III of the federal Help America Vote Act of 2002 has occurred, is occurring, or is about to occur may file a complaint with the Office of the Secretary of State.[1]

Title III of the federal Help America Vote Act of 2002 includes[2]:

- Standards and requirements for voting equipment
- Requirements to offer provisional voting
- Requirements for posting voting information on election day
- Requirements for a statewide voter registration system
- Requirements for voters who register by mail
- Requirements to provide adequate physical accessibility for voters with disabilities

If your complaint falls under one of the above categories, you may use this form to file a complaint with the Office of the Secretary of State. A letter containing the same information is also acceptable. All complaints must be notarized and filed with the Office of the Secretary of State no later than 30 days after certification of the primary or election.[3]

The Office will respond within 30 days after filing to acknowledge receipt and explain how the complaint will be processed. The Secretary of State must make a final determination within 70 days of receiving the complaint.[4] If multiple complaints are received regarding the same or similar situations, the complaints may be combined with one response.[5]

Before completing this form, please review the Help America Vote Act of 2002 (Public Law 107-252) and Washington Administrative Code 434-263. Thank you for taking the time to make this complaint.

To complete this form[6]:

- You must sign and notarize the oath on the completed form.
- You must provide your name, telephone number, and mailing address.
- Include a clear and concise description of the alleged violation of Title III that is detailed enough to let both the respondent and Secretary of State know what the complaint is about.
- Be filed with the Secretary of State, with proof of mailing or delivery of a copy to each recipient, no later than 30 days after the certification of the primary or election at issue.

[1] 52 U.S.C. § 21112
[2] Public Law 107-252
[3] WAC 434-263-020
[4] WAC 434-263-060
[5] WAC 434-263-040
[6] WAC 434-263-020

Please do not complete this form in pencil. When filling out this form, please keep in mind that a copy of the complaint form may be forwarded to the party complained against. This complaint is not confidential, and once filed, shall be treated as public record.

This form is available in English, Spanish, Chinese (中文), and Vietnamese (tiếng Việt). Upon request, reasonable accommodations will be made for persons who are unable to complete the administrative complaint form due to disability. Please call the Office of the Secretary of State at 1-800-448-4881 for assistance.

Mail original and notarized administrative complaint paperwork to:

Secretary of State, Elections Division
Post Office Box 40229
Olympia, WA 98504-0229

Phone: 1-800-448-4881
Fax: 360-664-4619
Email: elections@sos.wa.gov

[This area intentionally left blank. Please fill out the complaint form on the following pages.]

A. Person Making Complaint

Last Name/Surname	First Name	Middle Initial	
Street Address			
City	County	State	Zip Code
Home Telephone	Cell/Mobile Telephone	Email Address	

Mailing address, if different:

Last Name/Surname	First Name	Middle Initial	
Street Address			
City	County	State	Zip Code

B. Person(s) or Organization(s) Against Whom Complaint Is Brought

Name(s)
Position(s) of person(s) (if applicable)
Organization(s)

C. Legal Counsel Information

Not applicable: ☐

Name of Attorney	Name of Firm		
Street Address			
City	County	State	Zip Code
Telephone Number	Email Address		

D. Alleged violations of Help America Vote Act of 2002 (check all that apply)

My complaint is regarding:

- ☐ Voting machines and systems
- ☐ Accessibility for individuals with disabilities
- ☐ Provisional voting procedures
- ☐ Required posting of voting information at voting center
- ☐ Computerized statewide voter registration list
- ☐ Voter registration
- ☐ Other Title III provision (please specify, including statutory provision):

HAVA was violated because:

- ☐ Applications for voter registration were not properly processed (e.g., applicants were not required to provide proper identification)
- ☐ Required voting information was not publicly posted in a voting center on Election Day
- ☐ Voting system standards were not met
- ☐ Other (please specify, including statutory provision):

I was not allowed to:

- ☐ Vote using a regular or provisional ballot
- ☐ Verify my selections before casting my ballot
- ☐ Use assistance to accommodate my disability
- ☐ Use assistance in my own language
- ☐ Other (please specify, including statutory provision):

I was not able to:

- ☐ Determine whether my provisional ballot was counted
- ☐ Vote because my voting center was not accessible to individuals with disabilities
- ☐ Cast my ballot in private
- ☐ Other (please specify, including statutory provision):

E. Description of the Alleged Violation

Please identify:

1. The facts of the alleged violation, including each provision of Title III of the federal Help America Vote Act of 2002 in which a violation is being alleged;
2. Witnesses, if any, and contact information if you have it;
3. Date and time you became aware of the alleged violation;
4. Location, date, and time where the alleged violation occurred or is about to occur;
5. Who is responsible for the alleged violation;
6. Other information that you think will be helpful in resolving your complaint; and
7. If you would like a hearing to be held.

If you need more room to describe the alleged violation, please attach another page.

F. Relief Sought (What would you like to see happen?)

Remedies cannot include:

- Award of damages or payment of costs
- Penalties or legal fees
- Invalidation of an election
- Determination of the validity of any ballot or vote

[This area intentionally left blank. Please fill out the notary public section on the following page.]

Sign in the presence of a notary public:

I hereby certify that the information provided above is true and correct to the best of my knowledge.

_____

Complainant Signature Date

Notary Public:
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of Washington
County of _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20_____.

_____
Notary Signature

_____
Title

My commission expires on: _____

Notary Stamp or Seal

Mail original and notarized administrative complaint paperwork to:

Secretary of State, Elections Division
Post Office Box 40229
Olympia, WA 98504-0229

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