

VOTER DISCRIMINATION COMPLAINT FORM

This form is patterned after the Department of Justice's "Discrimination Complaint Form". Please fill this form out completely. Then mail the form to Jim Wertz. Please print neatly or type. Please contact Jim Wertz if you have questions. blindman@sitemouse.net, or by phone @ 716-661-3016

Complainant names will be kept confidential and only shared with NYSILC's work group. Content will be compiled into a comprehensive report. Individuals will have the option to consider involvement in a class action lawsuit. Once a person completes a form for a given polling place, it is important that they follow up on future Primary and Election Days. This will help document a timeline of how long the discrimination lasted and/or when it was remedied.

I. Contact Information

Name: _____
Address: _____
County: _____
Email: _____
Phone Number: _____

II. Polling site location

1. Name of site (Ex. Town of Utopia Town Hall) _____
Physical location of site: _____

III. Documentation of Voting Rights Discrimination

1. Date and time discrimination occurred: _____
2. How were you discriminated against? (Check any that apply)
_____ Polling site physically inaccessible, I couldn't get in.
_____ Machine inaccessible,
_____ I couldn't vote privately and independently.
_____ Ballot inaccessible, I
_____ couldn't vote privately and independently.
_____ Other form of discrimination.
3. Please provide a brief description of what took place.

4. Please provide name(s) of the election official(s) present:

Or

_____ Did not ask for name(s) of election official(s) present.

5. If relevant, summarize any interactions with the election officials:

IV. Conclusion

Are you interested in discussing the possibility of participating in a class action lawsuit as a result of the discrimination you suffered?

YES _____ NO _____