

ABSENTEE MAIL BALLOT COMPLAINT FORM

TODAY'S
DATE: _____

BALLOT BY MAIL
ELECTION DATE: _____

PRECINCT NUMBER OF RESIDENCE: _____

COMPLAINANT NAME: _____

COMPLAINANT
PHONE NUMBER: _____

BEST TIME TO
CONTACT: _____

COMPLAINANT ADDRESS: _____

COMPLAINANT EMAIL: _____

WITNESS (if any) _____

WITNESS PHONE NUMBER: _____ BEST TIME TO CONTACT: _____

COMPLAINT: (Please describe your experience as detailed as possible)

COMPLAINANT SIGNATURE: _____

**BY SIGNING THIS FORM , IT WILL CANCEL YOUR ANNUAL
APPLICATION FOR BALLOT BY MAIL REQUEST.**

Mail or fax form to the Elections Department
Elections Department c/o Early Voting Department
1520 Round Table Drive, Dallas, Texas 75247
Or Fax to 214-819-6303 Or email to evapplications@dallascounty.org
Contact us at 214-819-6359

USE BACK OF FORM IF ADDITIONAL SPACE IS NEEDED

For official use only

COMPLAINT TAKEN BY: _____

DATE COMPLAINT RECEIVED: _____