

# 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)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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**  
2377 N. Stemmons, Suite 820, Dallas, Texas 75207  
Or Fax to 214-819-6303 Or email to [evapplications@dallascounty.org](mailto:evapplications@dallascounty.org)  
Contact us at 214-819-6359

USE BACK OF FORM IF ADDITIONAL SPACE IS NEEDED

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For official use only

COMPLAINT TAKEN BY: \_\_\_\_\_

DATE COMPLAINT RECEIVED: \_\_\_\_\_