Secretary of State

State of California

Election Voter Complaint Form

Important: Please *type* or *clearly print* the information on this form.

Complainant Information

First Name

Last Name

Street Address Apt. #

City State Zip Code

Daytime Phone Number (include area code)

Evening Phone Number (include area code)

Email

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

Name(s) Santa Ana for Fair and Equitable Housing

Organization(s) California Apartment Association

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

Statement of Facts

Date(s) and time(s) of alleged event(s) occurred

Location(s) of alleged event(s)

Names and phone numbers of witnesses or other victims (if applicable)

Describe Your Complaint (if necessary, attach additional sheets)

The below complaint an infraction of CA Elections Code 18600

The title of the referendum petitions are REFERENDUM AGAINST AN ORDINANCE PASSED BY THE CITY COUNCIL ORDINANCE NO. NS-3009 and REFERENDUM AGAINST AN ORDINANCE PASSED BY THE CITY COUNCIL ORDINANCE NO. NS-3010

Describe Your Complaint (if necessary, attach additional sheets) - Continued

Signature - I acknowledge that all of the above information is true and accurately reflects the matter in question, to the best of my knowledge.

Signature _____ Date _____

Return this form to:
California Secretary of State
Elections Division
1500 11th Street, 5th Floor, Sacramento, CA 95814
Fax: (916) 653-3214
For more information or assistance:
English: (916) 657-2166 or (800) 345-VOTE (8683)
Spanish: (800) 232-VOTA (8682)
www.sos.ca.gov

Print Form