



## SONOMA COUNTY REGISTRAR OF VOTERS

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**Evelyn Mendez**  
Registrar of Voters  
**Wendy Hudson**  
Chief Deputy Registrar of Voters

# Election Voter Fraud/Voter Complaint Form

Please type or clearly print all information on this form.

### Complainant Information

Name (Last, First Middle) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

**Details of complaint or incident of voter fraud** – provide as much information as possible, including dates, locations and people involved, if known. Attach additional pages, if necessary.

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I declare under penalty of perjury that the above information and any attached documentation is a true and accurate depiction of the issue at hand, to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date