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Secretary of State
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VOTER CONCERN FORM

If you believe irregularities, discrimination, or fraud have taken place, please clearly and specifically state your concerns. Include events, dates, times, addresses and names pertaining to your concern and submit the form.

Name: Email:

Phone: Address:

City: State: ZIP:

This information is not confidential and, once on file with the Office of the Secretary of State, it is considered by law to be a public record and available for public inspection.