Petition Complaint Form	For office use only
 Any person registered to vote in Colorado may use this form to file a written complaint with the Secretary of State alleging a violation of the laws relating to petition circulation. (Section 1-40-132(1), C.R.S.) Please fill out this form as completely as possible. All fields marked with an asterisk (*) are required to submit a complaint. Mail, fax, deliver, or scan your signed form and email it to: The Colorado Secretary of State, Elections Division 1700 Broadway, Ste. 550 Denver, CO 80290 	Complaint ID: Date Stamp:
Fax: (303) 869-4861	

Your information

ballot.access@coloradosos.gov

Last name*	First name*		Middle name
Street address where you are registered to vote (No P.O. Boxes)*	Apt. or Unit City or T	own* ZIP Code	* Colorado County
Mailing address (required if different from your home address)	Apt. or Unit City or T	own State	ZIP Code
Phone number (include area code)* Email address]

Circulator or petition entity information

Initiative petition number (if known)	
Name of circulator (if known)	
Name of petition entity (if known)	
Petition proponents or issue committee (if known)	
Petition section number (if known)	

Alleged violation(s) of State Law (check all that apply)

- A petition was circulated by someone other than the authorized circulator
- A circulator provided a false name or address on the affidavit attached to the petition
- \square A circulator was not present during one or more signings of the petition
- A circulator lied about the issues or tried to confuse an elector into signing the petition
- A circulator or someone else offered something of value in exchange for a signature
- A circulator forged the signature of an elector
- A petition was signed by an unregistered elector
- An elector signed a name other than his or her own
- Other (please specify):

Details of the complaint

State in your own words the detailed facts and circumstances that form the basis of your complaint, including any relevant person(s). Please include relevant dates and times and the names and addresses of other persons whom you believe have knowledge of the facts.

Please provide the details of your complaint in the space below. If you need additional space, check the box below and attach a separate page.

(please type or print)

See additional page(s) attached

Sign or mark below

I affirm that the information provided above is true and accurate to my best knowledge.

