



REGISTRAR OF VOTERS

Washoe County Registrar of Voters

1001 E 9th St

Reno, NV 89512

Phone: (775) 328-3670

Fax: (775) 328-3747

electionsdepartment@washoecounty.us

www.washoecounty.us/voters

Registration and Election Report/Complaint

The information you report on this form may be used to help us investigate the situation reported and, upon receipt, will be assigned to the appropriate staff member. This report/complaint may be forwarded to another agency depending on the nature of the issue reported. In order for our office to facilitate a resolution, please include as much detail as possible, such as names, dates, times, locations, and other specifics of the event being reported. The length of this process can vary depending on the circumstances and information you provide. The Office of the Registrar of Voters staff may contact you for more details.

Section 1 – Complainant Information

YOUR NAME _____
(First) (Last)

YOUR ADDRESS _____
(Address) (City) (State) (Zip)

TELEPHONE: _____
(Home) (Work) (Cell)

Email Address _____

How would you prefer to be contacted: Email Cell Home Work

Section 2 – Type of Report/Complaint

Voter Registration Election Polling Place

Other (please describe in box below):

Rev. 4/14/20



Section 3 – Details of Report/Complaint

Please provide a description of the report/complaint and full details including the name, date and time, location, and any other details of the complaint. Submitting the full details and any supporting documentation of the complaint will expedite the process and resolution (attach additional pages if needed).

Please sign and date below. In order to resolve your report/complaint, we may send a copy of this form to the person(s) or group(s) about whom you are reporting.

Declaration by Complainant

I am filing this report/complaint to notify the Washoe County Registrar of Voters office of concerns in regards to either registration and/or election related issue. I understand that the information I provide in this report/complaint, along with supporting documentation, may be provided to other agencies to further the investigation, along with the individual(s) or group(s) that is named in the report/complaint.

Upon signing my name I certify under penalty of perjury that the information provided in this report/complaint is true and correct to the best of my knowledge.

Signature _____

Print Name _____
(First) (Last)

Date _____
(mm/dd/yyyy)

FOR OFFICE USE ONLY:

Received By _____
(Staff Name)

Date Received _____
(mm/dd/yyyy)

Assigned to:

Registration Polling Place Warehouse Technology Services Administration Absent Ballot

Mail, email, or fax this form to the address below.
Washoe County Registrar of Voters Office 1001 E 9th Street Reno NV 89512
Fax: 775-328-3747 Email: electionsdepartment@washoecounty.us
Washoe County Registrar of Voters Complaint Report Staff Form (For Internal Research Use)

