

INCIDENT REPORT

CHECK ONE: Absentee Early Voting Election Day Canvass

NAME AND ADDRESS
OF PERSON
MAKING REPORT

Cell Phone

Other Phone

E-MAIL

INCIDENT LOCATION

COUNTY

CITY / TOWN

TIME OF
INCIDENT

a.m.
p.m.

PRECINCT /
POLLING
LOCATION

DESCRIPTION OF INCIDENT

(Include the names of all persons present including election officials and witnesses)

WHAT REMEDY OR RESPONSE, IF ANY, WAS TAKEN WITH RESPECT TO THE INCIDENT?

I, _____, have read the above and certify it is true and accurate.
(PRINT NAME)

(SIGNATURE)

(DATE)