

Date Printed: 06/16/2009

---

JTS Box Number: IFES\_76  
Tab Number: 43  
Document Title: Committee of Seventy Complaint Intake  
Form  
Document Date: 1992  
Document Country: United States --  
Pennsylvania  
Document Language: English  
IFES ID: CE02456



\* 8 1 3 6 E B F A - 2 4 5 5 - 4 B 4 2 - 9 A C 4 - 1 8 7 6 3 B B 5 D F F 0 \*

COMMITTEE OF SEVENTY COMPLAINT INTAKE FORM

Volunteer's name: \_\_\_\_\_ Time of call: \_\_\_\_\_ AM \_\_\_\_\_ PM

Ward \_\_\_\_\_ Division \_\_\_\_\_ Address of Polling Place \_\_\_\_\_

Caller's name \_\_\_\_\_ Address \_\_\_\_\_

Caller's phone: Today \_\_\_\_\_ After election \_\_\_\_\_

Caller's official title, if any \_\_\_\_\_

Offender's name \_\_\_\_\_ Address \_\_\_\_\_

Offender's official title, if any \_\_\_\_\_

Time of incident \_\_\_\_\_

TYPE OF COMPLAINT

Illegal Assistance  
Electioneering in Polls  
Disputed credentials of election board, watchers  
Unauthor. persons in polls  
Intimidation

Binder problem  
Machine malfunction  
Denial of right to vote by election officials  
Illegal layout at polls  
Other (explain below)

-----  
DETAILS OF COMPLAINT (USE BACK IF NEEDED)

Do you recommend that a field team be dispatched? \_\_\_\_\_ Yes \_\_\_\_\_ No

=====

TO BE COMPLETED BY DISPATCH OFFICE:

Time of dispatch: \_\_\_\_\_ AM \_\_\_\_\_ PM Dispatcher \_\_\_\_\_

Assigned to Team # \_\_\_\_\_ Comments \_\_\_\_\_

=====

TO BE COMPLETED BY FIELD OFFICE:

Report taken by: \_\_\_\_\_

Report of field team: \_\_\_\_\_

\_\_\_\_\_

COMMITTEE OF SEVENTY RECORD OF POLLING PLACE VISITS

Use this form to keep a record of all polling places you visit.

-----  
Ward: \_\_\_\_\_ Division: \_\_\_\_\_

Address of Polling Place: \_\_\_\_\_

Your team number: \_\_\_\_\_

Your names: \_\_\_\_\_ and \_\_\_\_\_

Time: \_\_\_\_\_ : \_\_\_\_\_ AM \_\_\_\_\_ : \_\_\_\_\_ PM

Judge of Elections: Name: \_\_\_\_\_

Address: \_\_\_\_\_

-----  
Did anyone ask you for information? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

-----  
How's the turnout? High, Low, or Moderate (circle one)

-----  
What shape are the binders in, according to the Judge of Elections? Are they well-alphabetized? About how many names are missing that ought to be there? How many names are still in that ought to be removed?

-----  
Did anyone register a complaint with you or did you observe any problems on your own? Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES, PLEASE COMPLETE A BLUE FORM

COMMITTEE OF SEVENTY FIELD TEAM REPORT FORM

Your team number: \_\_\_\_\_ Your names: \_\_\_\_\_ and \_\_\_\_\_

Ward: \_\_\_\_\_ Division: \_\_\_\_\_ Address of Polling Place: \_\_\_\_\_

How did you learn of the problem: \_\_\_\_\_ Routine Visit \_\_\_\_\_ Seventy \_\_\_\_\_ Other

When did you learn of the problem: \_\_\_\_\_ : \_\_\_\_\_ AM \_\_\_\_\_ : \_\_\_\_\_ PM

When did you get to the polling place: \_\_\_\_\_ : \_\_\_\_\_ AM \_\_\_\_\_ : \_\_\_\_\_ PM

-----  
TYPE OF COMPLAINT

<input type="checkbox"/>	Illegal assistance	<input type="checkbox"/>	Binder problem
<input type="checkbox"/>	Electioneering in polls	<input type="checkbox"/>	Machine malfunction
<input type="checkbox"/>	Disputed credentials of election board, watchers	<input type="checkbox"/>	Denial of right to vote by election officials
<input type="checkbox"/>	Unauthor. persons in polls	<input type="checkbox"/>	Illegal layout at polls
<input type="checkbox"/>	Intimidation	<input type="checkbox"/>	Other (explain below)

-----  
COMPLAINANT

ALLEGED OFFENDER

Name:	_____	_____
Address:	_____	_____
Phone:	_____	_____
Official Title, If Any:	_____	_____

-----  
NATURE OF PROBLEM AND YOUR EVALUATION (USE BACK IF NEEDED)

-----  
Did you take any Witness Statements? \_\_\_\_\_ Yes \_\_\_\_\_ No

Should we follow up on this complaint after election day? \_\_\_\_\_ Yes \_\_\_\_\_ No

COMMITTEE OF SEVENTY WITNESS STATEMENT

Team number: \_\_\_\_\_ Team's names: \_\_\_\_\_ and \_\_\_\_\_

Ward: \_\_\_\_\_ Division: \_\_\_\_\_ Time: \_\_\_\_\_ : \_\_\_\_\_ AM \_\_\_\_\_ : \_\_\_\_\_ PM

-----  
WITNESS

ALLEGED OFFENDER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Official Title,  
If Any: \_\_\_\_\_

-----  
STATEMENT OF WITNESS (USE BACK IF NEEDED)

(Please provide as many details as possible - names, addresses, and official titles, for example. The witness can write out the statement or dictate it to a field team volunteer.)

SIGNATURE OF WITNESS: \_\_\_\_\_

DATE: \_\_\_\_\_