Elections Department
500 E. San Antonio Ave, Suite #314
El Paso, Texas 79901

Phone: (915) 273-3597
Fax: (915) 273-3574
www.epcountyvotestx.gov

Lisa Wise
Elections Administrator

ELECTION COMPLAINT FORM

Complainant Name: _____

Complainant Address: _____ City: _____ Zip Code: _____

Complainant Telephone Number: _____ Complainant Email: _____

My complaint pertains to the election held on: _____

Please describe the details of your complaint below and attach additional pages if needed.

I, the complainant, acknowledge that all of the above information is true and accurately reflects the matter, to the best of my knowledge.

Complainant Signature: _____ Today's Date: _____

Complaints must be submitted by one of the following methods:
Mailed or hand delivered to the El Paso County Elections Department, 500 E. San Antonio Ave., Suite 314, El Paso, Texas 79901, emailed to ***epelections@epcountytx.gov*** *or faxed to (915) 273-3574.*

FOR OFFICIAL USE ONLY
COMPLAINT RECEIVED AND HANDLED BY: _____

COMPLAINT RECEIVED: _____/_____/_____ COMPLAINT RESOLVED: _____/_____/_____