

# AFFIDAVIT OF COMPLAINT

STATE ELECTIONS ENFORCEMENT COMMISSION

Revised July 2012



This Space For Official Use Only

**Please complete this form to the fullest extent possible.**

**The following sections are required and must be completed in full:**

I. Identity of Complainant(s)—page 1 | III. Violation(s) Alleged—page 3 | VI. Certification—page 6

## I. IDENTITY OF COMPLAINANT(S)

### COMPLAINANT'S NAME

First Name	MI	Last Name	Suffix
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### COMPLAINANT'S STREET ADDRESS

Address

City	State	Zip Code
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### COMPLAINANT'S TELEPHONE NUMBER

Home	Work	Cell
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### COMPLAINANT'S EMAIL ADDRESS

### COMPLAINANT'S NAME

First Name	MI	Last Name	Suffix
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### COMPLAINANT'S STREET ADDRESS

Address

City	State	Zip Code
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### COMPLAINANT'S TELEPHONE NUMBER

Home	Work	Cell
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### COMPLAINANT'S EMAIL ADDRESS

### COMPLAINANT'S NAME

First Name	MI	Last Name	Suffix
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### COMPLAINANT'S STREET ADDRESS

Address

City	State	Zip Code
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### COMPLAINANT'S TELEPHONE NUMBER

Home	Work	Cell
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### COMPLAINANT'S EMAIL ADDRESS



**II. IDENTITY OF RESPONDENT(S)**

**RESPONDENT'S NAME** *(If known; otherwise write "unknown")*

First Name	MI	Last Name	Suffix
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**RESPONDENT'S STREET ADDRESS** *(If known)*

Address		
City	State	Zip Code

**RESPONDENT'S TELEPHONE NUMBER** *(If known)*

Home	Work	Cell
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**RESPONDENT'S EMAIL ADDRESS** *(If known)*

**STATUTE(S) VIOLATED** *(If known)*

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**RESPONDENT'S NAME** *(If known, otherwise write "unknown")*

First Name	MI	Last Name	Suffix
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**RESPONDENT'S STREET ADDRESS** *(If known)*

Address		
City	State	Zip Code

**RESPONDENT'S TELEPHONE NUMBER** *(If known)*

Home	Work	Cell
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**RESPONDENT'S EMAIL ADDRESS** *(If known)*

**STATUTE(S) VIOLATED** *(If known)*

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**RESPONDENT'S NAME** *(If known, otherwise write "unknown")*

First Name	MI	Last Name	Suffix
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**RESPONDENT'S STREET ADDRESS** *(If known)*

Address		
City	State	Zip Code

**RESPONDENT'S TELEPHONE NUMBER** *(If known)*

Home	Work	Cell
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**RESPONDENT'S EMAIL ADDRESS** *(If known)*

**STATUTE(S) VIOLATED** *(If known)*

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*Copy and attach page(s) for additional respondents if necessary.  
 Please check "See attached Additional Respondent List" and list the number of pages.*

See attached \_\_\_\_\_ Additional Respondent List pages  
Number of Pages







**IV. WITNESSES**

**WITNESS'S NAME (If known)**

First Name	MI	Last Name	Suffix
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**WITNESS'S STREET ADDRESS (If known)**

Address

City

State

Zip Code

**WITNESS'S TELEPHONE NUMBER (If known)**

Home	Work	Cell
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**WITNESS'S EMAIL ADDRESS (If known)**

**WITNESS'S NAME (If known)**

First Name	MI	Last Name	Suffix
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**WITNESS'S STREET ADDRESS (If known)**

Address

City

State

Zip Code

**WITNESS'S TELEPHONE NUMBER (If known)**

Home	Work	Cell
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**WITNESS'S EMAIL ADDRESS (If known)**

**WITNESS'S NAME (If known)**

First Name	MI	Last Name	Suffix
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**WITNESS'S STREET ADDRESS (If known)**

Address

City

State

Zip Code

**WITNESS'S TELEPHONE NUMBER (If known)**

Home	Work	Cell
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**WITNESS'S EMAIL ADDRESS (If known)**

*Copy and attach page(s) for additional witnesses if necessary.  
 Please check "See attached Additional Witness List" and list the number of pages.*

See attached \_\_\_\_\_ Additional Witness List pages  
Number of Pages



**V. EVIDENCE**

**ATTACHED DOCUMENTARY OR REAL EVIDENCE**

Please identify each attachment by **number of pages, title, author and date** if applicable. Records not identified as attachments shall not be considered a part of the complaint. Please do not provide a website listing as evidence, as this information is subject to change. If you wish to provide Internet or other video or audio communications as evidence, please provide a printed or electronic copy, as appropriate, and list it as an exhibit.

Under **“How Acquired”** please identify your source for the evidence (e.g., delivery from an individual, Internet website, public flyer location). If the source is an individual, please identify the individual in the witness list. If the source is a publication, such as a newspaper, please identify the publication’s name and date of the publication.

**EVIDENTIARY ATTACHMENT**

Title		Number of Pages
Author		Date of Publication
How Acquired		Date Acquired

**EVIDENTIARY ATTACHMENT**

Title		Number of Pages
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**EVIDENTIARY ATTACHMENT**

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*Copy and attach page(s) for additional evidence if necessary.  
 Please check “See attached Additional Evidence List” and list the number of pages.*

See attached \_\_\_\_\_ Additional Evidence List pages  
Number of Pages



**VI. CERTIFICATION**

- 1) Each Complainant must sign a separate page and each signature must be separately certified. This complaint will not be considered filed without the name, address, and original **certified** signature of at least one Complainant. Mail or hand-deliver this complaint to:

State Elections Enforcement Commission  
20 Trinity Street, Suite 101  
Hartford, CT 06106

- 2) Once filed, this complaint may not be withdrawn by the Complainant(s) except by a vote of the State Elections Enforcement Commission.
- 3) I am aware that criminal penalties may be imposed upon any Complainant who, under penalty of false statement, knowingly files a false complaint.
- 4) The State Elections Enforcement Commission's investigation of a complaint is confidential unless and until the State Elections Enforcement Commission votes to authorize an investigation of a complaint. Until such a vote, neither the Commission nor its staff will release or confirm any information about the complaint except upon written request of a treasurer, deputy treasurer, chairperson or candidate affiliated with a committee that is the subject of the complaint or preliminary investigation.

Guides to the elections laws are available at <http://www.ct.gov/seec>  
Connecticut General Statutes are available at <http://www.cga.ct.gov>

**CERTIFICATION**

**I solemnly swear (or affirm) that the above statement is true and accurate to the best of my knowledge and belief.**

\_\_\_\_\_  
COMPLAINANT'S SIGNATURE

\_\_\_\_\_  
DATE (mm/dd/yyyy)

Sworn and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Seal

\_\_\_\_\_  
SIGNATURE OF PERSON ADMINISTERING THE OATH

\_\_\_\_\_  
NAME OF PERSON ADMINISTERING THE OATH (Please Print)

\_\_\_\_\_  
TITLE OF PERSON ADMINISTERING THE OATH

Note: This oath may be administered by anyone authorized by Section 1-24 of the Connecticut General Statutes, which includes: notaries public; justices of the peace; town clerks and assistant town clerks; judges and clerks of any court; and attorneys who are Commissioners of the Superior Court of Connecticut.

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