Election Watcher Incident Report (please print all in blue ballpoint ink)

DATE OF INCIDENT	COUNTY	ELECTION WATCHER NAME	PHONE/ EMAIL
			Phone: Email:

LOCATION NAME	LOCATION ADDRESS	LOCATION CITY

ISSUE(s)	BRIEF SUMMARY OF INCIDENT

TIME	INCIDENT FACTS – DETAILED DESCRIPTION

I affirm/certify under penalty of perjury under the laws of this state that the information I have provided in this document (and any attachments) is true and correct to the best of my knowledge and belief. Executed on _____, at _____,(State).

_____

Signature of Election Watcher