



**City of Laurel
2023 General Election
Complaint Form**

Name of Complainant _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Complaint against the following person(s) (include contact information, if known):

Date of Violation: _____

Please explain the basis for your complaint. If necessary, attach additional documents:

Signature: _____ Date: _____

BOARD OF ELECTION SUPERVISORS ONLY

Signature: _____ Date: _____

Received by: _____ Date: _____