

# Incident Report Form

Date: \_\_\_\_\_ Time: \_\_\_\_\_ County: \_\_\_\_\_

Name of caller: \_\_\_\_\_ Caller's Phone Number: \_\_\_\_\_

Caller's role in election: \_\_\_\_\_

Caller's Address: \_\_\_\_\_

Precinct/Poll Location at which incident occurred: \_\_\_\_\_

If the incident involved a voter, obtain the voter's name and address from election officials:

Voter's Name \_\_\_\_\_ Voter's Phone Number \_\_\_\_\_

Voter's Address \_\_\_\_\_

County Chair \_\_\_\_\_ Phone: \_\_\_\_\_

County Elections Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Other persons with knowledge of the incident:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please describe the incident (be as specific as possible – use back of page if necessary):

Action taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Resolved? \_\_\_\_\_ Yes \_\_\_\_\_ No, further action is needed