



Incident Report

Date Submitted _____

Your Name: _____

Submitted by: _____

Please complete the fields below using the notes from your activities as a poll watcher

Precinct/Ward# _____ Polling place name _____
 _____ Address _____
 _____ City, ST Zip _____
 _____ County _____

Please complete all fields using your notes. You can add additional incidents by clicking the "Add New" button below.

Poll Supervisor _____
 Asst. Poll Supervisor _____
 Name of Clerk 1 _____ Name of Clerk 3 _____
 Name of Clerk 2 _____ Name of Clerk 4 _____

Offender Position _____
 Date/Time of Incident _____
 Type of Incident _____
 Incident Description _____

Remedy or Action taken _____

I certify and affirm that the above information is true and correct.

Signature: _____