



Please submit to: Florida Department of State  
Division of Elections  
R.A. Gray Building  
500 S. Bronough Street  
Tallahassee, Florida 32399-0250

Office Use Only

## FORM FOR COMPLAINT AGAINST PETITION CIRCULATOR

Use this form if you believe your signature has been misrepresented or forged on a petition, or your signed petition was not delivered to a supervisor.

This complaint becomes a public record upon filing which includes email addresses. Email address is not required to file a complaint.

### 1. YOUR INFORMATION

Name \_\_\_\_\_  
(First) (Middle or Initial) (Last)

Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Other contact information \_\_\_\_\_

### 2. INFORMATION ABOUT THE PERSON OR ENTITY WHO COMMITTED THE ALLEGED VIOLATION (limit one person/entity per form)

Name \_\_\_\_\_

Petition Circulator Registration Number (if known or applicable) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Other contact information \_\_\_\_\_

Petition Serial Number \_\_\_\_\_ Sponsoring Committee \_\_\_\_\_

### 3. SPECIFIC FACTS OF ALLEGED VIOLATION

Check applicable one: \_\_\_\_\_ Signature misrepresented on petition  
\_\_\_\_\_ Signature forged on petition  
\_\_\_\_\_ Signed petition not delivered to Supervisor of Elections

a. To whom did you speak (petition circulator's name and others, if applicable)

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b. Where did you get the initiative petition form (date and location including address and/or event)?

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c. When did you sign the initiative petition form?

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d. To whom did you submit the initiative petition form?

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e. How did you give the initiative petition form (in-person, by mail, etc.)?

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f. When did you submit your initiative petition form (include time and date)?

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g. How and when did you learn that your signature on an initiative petition form was misrepresented or forged, or signed petition not delivered to your supervisor of elections?

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h. Please include other relevant details (The more specific information that you provide to us, the better we are able to assist you. Attach additional pages as necessary.)

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Check here if additional pages or documents are attached

**4. SIGNATURE**

\_\_\_\_\_  
Signature of complainant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print or type name of complainant

**It is a second degree misdemeanor, punishable as provided in s. 775.082 and s. 775.083, Florida Statutes, for any person to knowingly make a false official statement. (s. 837.06, Florida Statutes)**