Florida Fair Elections Coalition
Deland, FL
www.ffec.org

Florida Fair Elections Coalition
ELECTION INCIDENT FORM

Your Name _____

E-mail _____ Phone Number _____

Precinct or Location _____

Date & time of incident _____

Name of poll worker involved, if applicable: _____

Name of voter, if available: _____

Names of witnesses or other persons involved: _____

Description of incident

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Was poll clerk informed?: _____ Was the incident reported?:_____

If so, who received the call and when: _____

How was it resolved?

_____
_____
_____