

WASHOE COUNTY ELECTION INCIDENT REPORT

LOCATION:
OBSERVER:

DATE:
TIME:

TYPE of VIOLATION:

- | | |
|--|---|
| <input type="checkbox"/> Double Voting | <input type="checkbox"/> Observation Declined |
| <input type="checkbox"/> Ineligible Voter | <input type="checkbox"/> Drop Boxes |
| <input type="checkbox"/> Dead Voter | <input type="checkbox"/> Polling Location |
| <input type="checkbox"/> Voter Suppression | <input type="checkbox"/> Staffing Issues |
| <input type="checkbox"/> Voter Registration Fraud | <input type="checkbox"/> Voter Coercion |
| <input type="checkbox"/> Voter Impersonation | <input type="checkbox"/> Photographs |
| <input type="checkbox"/> Fraud by Election Officials | <input type="checkbox"/> Ballot Collection |
| <input type="checkbox"/> Other: _____ | |

NAMES INVOLVED:

DETAILS:

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RESPONSE:

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DOCUMENTATION?

SIGNATURE: _____

Secretary of State
(775)684-5705