

# MONROE COUNTY BOARD OF ELECTIONS

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## VOTER FEEDBACK FORM

VOTER NAME		DATE
ADDRESS		
HOME PHONE	CELL PHONE	
EMAIL ADDRESS		

My intent in filing this form is for: (Please check one)

1. Complaint	<input type="checkbox"/>	3. Comment	<input type="checkbox"/>
2. Concern	<input type="checkbox"/>	4. Other	<input type="checkbox"/>

Please provide as much information as possible below:

*For Internal Staff Use Only*

STAFF INITIALS	VOTER ID NUMBER (VRC)		
RECEIVED VIA:	IN OFFICE <input type="checkbox"/>	BY EMAIL <input type="checkbox"/>	OVER THE PHONE <input type="checkbox"/>