

61. POLL WATCHER AND POLL SITE INFORMATION

Your Name:		Your Cell Phone:
Poll Site Name:	Poll Site Address:	AD(s)/Town/Ward and ED(s):

2. VOTER INFORMATION

Voter Name:		Voter Phone No:	
Voter Address:			
Gender:	Race/Ethnicity:	Age:	Other:

3. WITNESS(ES) INFORMATION

Witness(es) Name(s):
Witness(es) Contact Info

4. INCIDENT INFORMATION

Time of Incident:
Name of Inspector(s) Involved and Title(s):
Describe Incident:

Type: (Please circle)	Late Opening	Missing Inspector	Voter Registration	Scanner/ BMD	Challenges	Long Lines	Secret Ballot
	Affidavit Ballot	Language Assistance	Disability Assistance	Poll Closing Issues	Electioneering	Intimidation	Other (fill out):

Describe how you and others responded:
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Contingency: Please email or scan complete paper forms to NYDLC. Use the Genius Scan app or snap a photo: Forms@NYDLC.org.

Poll Watcher/ Observer/ Witness Signature:	Date:
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