

# ELECTION DAY INCIDENT REPORT

NAME AND ADDRESS  
OF PERSON  
MAKING REPORT

PHONE NUMBER

OFFICIAL POSITION  
OF PERSON MAKING REPORT

## SCENE OF INCIDENT

COUNTY

WARD/  
PRECINCT

TIME OF  
INCIDENT

a.m.  
p.m.

POLLING  
LOCATION

## DESCRIPTION OF INCIDENT

(Include the Names of All Persons Present, including All Election Officials)

CONFIRM THAT JUDGE OF ELECTION WAS EITHER (1) PRESENT  
AT THE INCIDENT OR (2) INFORMED OF INCIDENT?

YES / NO

WHAT REMEDY OR RESPONSE, IF ANY, WAS TAKEN WITH RESPECT TO THE INCIDENT?

I, \_\_\_\_\_, have read the above and certify it is true and accurate.  
(PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

Please contact the Republican Party of PA at (717) 234-4901, your County Election Coordinator,  
and fax this document to the PA GOP at (717) 231-3828.

PAID FOR BY THE REPUBLICAN STATE  
COMMITTEE OF PENNSYLVANIA