

# 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
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## 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