

Incident Report • New York State General Election • November 7, 2006

Poll Watcher/ Observer Name:
Cell Phone:

Polling Site Name and Address:
AD/ED:
Election Official(s) Involved and Title(s):

Voter Name:			
Voter Address:			
Voter Phone Number:			
Gender:	Race/Ethnicity:	Age:	Other:

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

Time of Incident:						
Describe Incident:						
Please circle:	Registration	Machine	Affidavit	Challenge	Long Lines	Materials Shortage
	Electioneering	Language	Disability Access	Language	Voter Intimidation	Other:

Describe how you and others responded:						
Voter voted (Please circle):	On the machine	By affidavit ballot	By emergency ballot	Did not vote	Other: _____	

Poll Watcher/ Observer/ Witness Signature:	Date:
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