Election Observation Notes

VC Election Office Hotline: (800) 500-3555 (if you see something, say something)

Date:	_	
Time: Start		
Location:		
Volunteer:		_
1. Were the lines long (>	10 min wait)? Yes	No If so, how many people estimated to be waiting?
2. Did anyone leave beca	use of the lines? Yes	s No
3. Were election workers	greeting people in lir	ne? Yes NoDescribe
4. Any unusual incidents	while people were w	aiting? Yes NoDescribe
5. Was there any campaig	gn material/electione	eering within 100 feet? Yes No
7. Any intimidation? Yes	NoDescribe	
8. Any uniformed police of	or security guard linge	ering in front of vote center? Yes No
9. Was the vote center ac	cessible for individua	als with mobility issues? Yes No
10. Was the voter center v	vell signed? Easy to f	ind? Yes No
11. Was there adequate p	arking? Yes No	
12. Was there curbside vo	oting? Yes No	_
13. Was the check-in proc	cess efficient? Yes_	No
14. Was appropriate assis	stance provided wher	n necessary? Yes No
15. Was bilingual assistar	nce available? Yes_	_ No
16. Were the election wor	kers welcoming, effic	cient and knowledgeable? Yes No
17. Were there enough ac	cessible voting devic	es available? Yes No
18. Were Election materia	als available in the la	nguages required by law? Yes No
19. Did you observe voters	s who were unable to	cast a ballot? Yes No If so, why?
20. Were instructions for a	using equipment pos	ted in a visible location? Yes No



21. Did the vote center run out of printing supplies for ballots? Yes No
22. Was the privacy of the voter and secrecy of the ballot ever compromised? Yes No
23. Describe any issues, malfunctions or observed problems with the voting equipment
24. Describe any election worker issues you observed
Provide name of poll worker if possible
25. Was there any election worker who went above and beyond? Yes No Name
Describe
26. Did you observe any observers not following established observer guidelines? Yes No
Describe
27. Were there voters waiting in line at the time of closing? Yes No If yes, were they allowed to vote? Yes No
28. At what time did the last voter cast a ballot?
29. Did you contact the office to report anything? Yes No Describe
30. If yes to #29 did you observe resolution of the issue reported ? Yes No
Describe the resolution
31. This space is available for additional comments, or to elaborate on answers above:



