



Voter Name:
Phone:
Address:
Email:
JVCEP Volunteer:

Election Day Voter Survey

How was your voting experience today?

Did you have any problems voting today (if yes, please describe below)? YES NO

Potential Problem Areas (check applicable questions and describe on reverse side of survey)

Voter Registration

Were you told you were not on the voter list? YES NO

Did you register to vote this year? YES NO If yes, how: _____

Did you leave without voting? YES NO If yes, were you:
 Sent to another precinct/vote center Not listed on registration?
 Sent to the clerks office? Sent home to retrieve ID?

Are you planning to return (or to go to the clerk's office to vote)? _____

Voting Machines

Did the election judges give you clear directions? YES NO

If you voted on an electronic voting machine, did it have a voter verified paper trail (receipt), and did you check it to ensure that your vote was recorded correctly? YES NO

Identification

- Did not know ID was required
- Out-of-date information on ID
- Forgot to bring ID
- Brought invalid form of ID

Provisional Ballots

Was a provisional ballot offered or did you request it? YES NO
Was support offered in completing the forms? YES NO

Mail Ballots

Did you receive your requested mail ballot? YES NO
Were you given a provisional ballot? YES NO
Were you directed to the clerk's office to vote? YES NO
Did you drop off your ballot? YES NO

Accessibility

Did polling place have materials in voter's preferred language for voting? YES NO
Note language:
Was polling place accessible? YES NO

If the voter had a problem or concern, please describe on the reverse side of form.

Voting Location: _____ Precinct #/Vote Center _____ County _____