

STATE OF MAINE DEPARTMENT OF THE SECRETARY OF STATE

ELECTIONS THREAT REPORTING FORM

Please note information on this form will be shared with law enforcement for further investigation. You may be contacted for further information.

REPORTER INFORMATION:

Your Name			
Office Street Address			
City		State _	Zip Code
Work Phone	_Ext		_ Other Phone
Email Address			
Date of report			
INCIDENT INFORMATION:			
Date of incident	Tim	e	
Physical address of incident			
Who or what is/was the intended target?			
Position (if applicable)			
Was law enforcement called?			
☐ Yes			
\square No			
What, if any action was taken by law enforce	cement?	Check	all that apply.
☐ Law enforcement investigation			☐ Arrest
\square Interview with person of concern			☐ Charges filed
☐ No trespass or no contact order			
☐ Other:			
What form did the threat take? Check all that	at apply.		
☐ In Person			☐ Social Media
☐ Email or Text Message			☐ Letter
☐ Telephone or Voicemail			
☐ Other:			

***IMPORTANT: Please retain any evidence such as screen shots, printouts of text messages, emails, recordings of voicemails, video surveillance recordings or any other physical evidence of the incident. ***

What is the exact nature and context of the concerning behavior, comments, and/or perceived threats?
Was there any disruption to election administration activities including but not limited to voter registration or voting? If yes, please describe the nature, extent and duration of any disruption of election activities.
INFORMATION ON PERSON OF CONCERN
Name of person of concern, if known:
Contact information for person of concern, if known:
What words or actions were considered threatening?
What words or actions were considered threatening?

