



Secretary of State State of Alabama

Polling Place
Feedback Form

MAIL TO:
John H. Merrill
Secretary of State
Attn: Elections Division
P.O. Box 5616
Montgomery, AL 36103

Name of Polling Place: _____

County: _____

OUTSIDE THE POLLING PLACE

	Y	N	NO OPINION
Were campaign activities taking place within 30 feet of the polling place entrance?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the entrance clearly visible?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the polling place handicap accessible?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INSIDE THE POLLING PLACE

Was information on voting procedures posted in a clear place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there long lines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there enough poll workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROCEDURES AND MATERIALS

Did the poll workers check identification of all voters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all voters given the opportunity to vote either by regular or provisional ballot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all voters sign the poll-book or poll-pad?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all voters allowed to feed their ballot into the counting machine?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all voters allowed to vote in a private manner?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER CIRCUMSTANCES

Was anyone campaigning inside the polling place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was anyone intimidating voters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was anyone attempting to bribe voters?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the polling place difficult to find?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the poll workers courteous?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What was your estimated wait time in minutes?

EVALUATION

	Worst	←————→			Best
	1	2	3	4	5
How would you rate the overall voting experience?.....	<input type="checkbox"/>				
Ease of checking in?	<input type="checkbox"/>				
Transparency of the voting process?	<input type="checkbox"/>				

**IF YOU WOULD LIKE SOMEONE FROM OUR
OFFICE TO CONTACT YOU, PLEASE COMPLETE
THE INFORMATION TO THE RIGHT:**

Name: _____

Daytime Telephone Number: _____

If you have additional comments, please write them on the back of this sheet and mail form to address at the top.