Voter Intimidation Questionnaire

Interviewer Information
Name: ___________________________ Date / time of interview: ___________________________
Phone & email: ___________________________ Location of interviewer: ___________________________
In-person / phone ___________________________

Respondent Information
Name: ___________________________ City & County of Residence: ___________________________
Phone & email: ___________________________
Voting Location: ___________________________
Eligible to vote? YES NO Registered to vote? YES NO
Is it OK for a voter safety expert to reach out to you? YES NO

Incident Overview
Please describe what happened in as much detail as possible.

For help call 866-OUR-VOTE & email this form to Voting@Demos.org
Incident Details

- Exact time / date / location, including how far from polling location:

- Describe the person / people who tried to intimidate you, including age, gender, race; how many people; was it clearly a group; were they wearing any uniforms, badges, or logos:

- What did they SAY (threats, slurs, ask for info, giving reasons you can’t vote)?

- What did they DO (follow you; take photos, video, notes; wave guns; pretend to be law enforcement)?
• How did their actions affect your voting experience?  Were you afraid?  Did you end up voting or leaving?

• Do you have or can you safely take photos, video, other evidence; or were there any witnesses?

• Did you do anything to address the problem (tell a poll worker, call police, etc.)?