



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

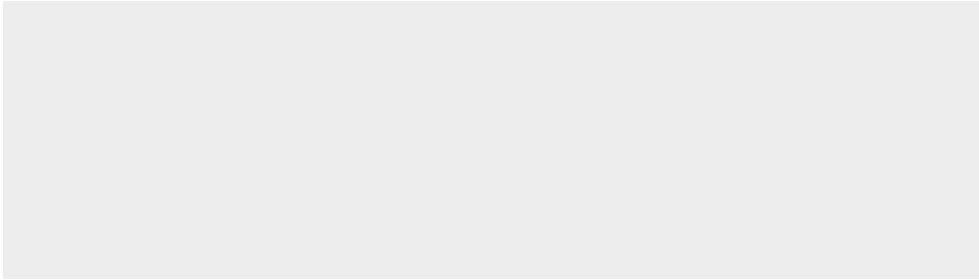
Is it OK for a voter safety expert to reach out to you? YES NO

Incident Overview

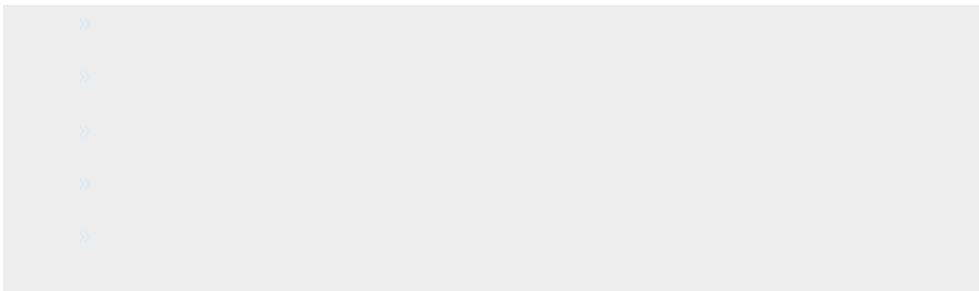
Please describe what happened in as much detail as possible.

Incident Details

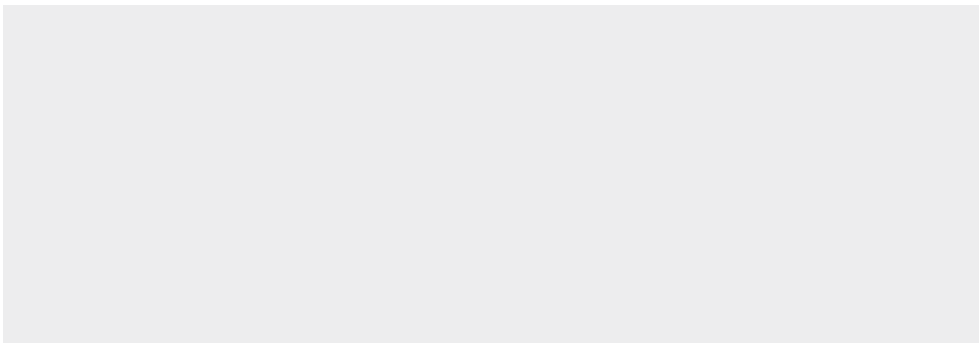
- Exact time / date / location, including how far from polling location:



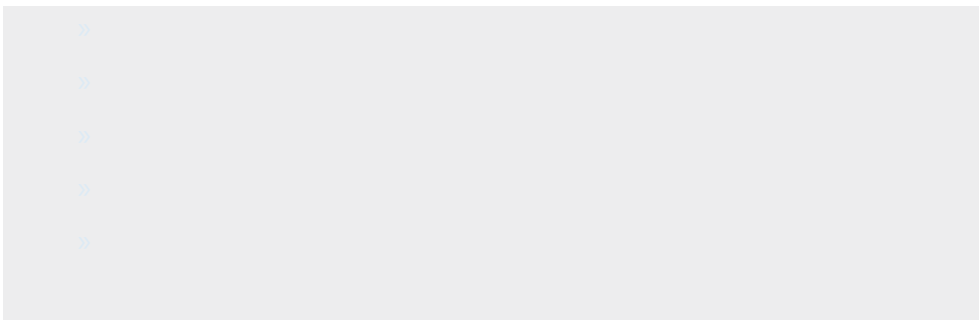
- Describe the person / people who tried to intimidate you, including age, gender, race; how many people; was it clearly a group; were they wearing any uniforms, badges, or logos:



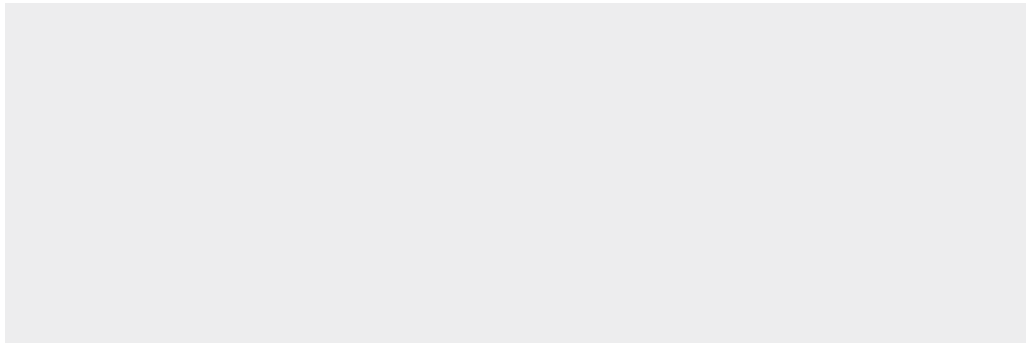
- What did they SAY (threats, slurs, ask for info, giving reasons you can't vote)?



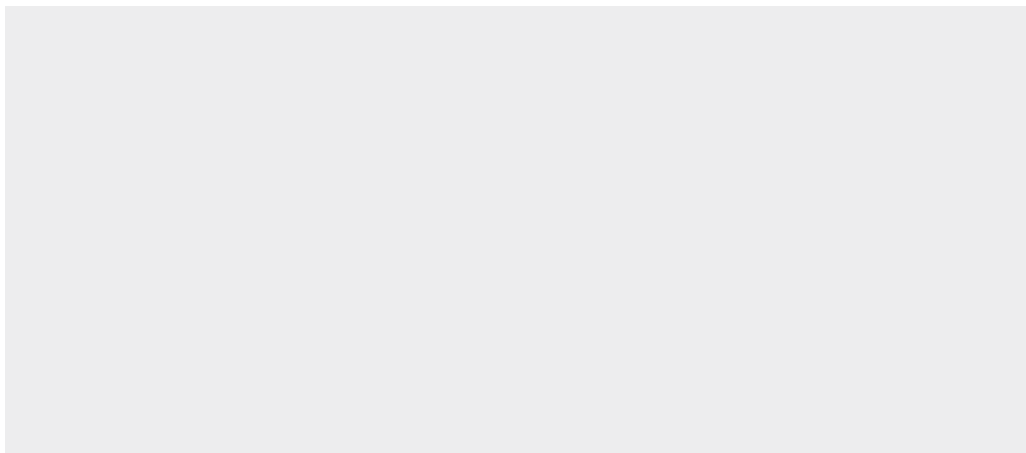
- What did they DO (follow you; take photos, video, notes; wave guns; pretend to be law enforcement)?



- 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.)?

