

**ALLIANCE FOR CHRISTIAN ADVOCACY AFRICA (ACAA)**



**VOTERS' REGISTRATION MONITORING REPORTING FORM**

Region:.....Constituency:.....

District:.....Polling station:.....

Date of Visit:.....

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**1. Electoral Commission Officials**

Very Satisfied  Satisfied  Not Satisfied

Remarks:.....  
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**2. Political Parties Agents:**

Very Satisfied  Satisfied  Not Satisfied

Remarks:.....  
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**3. Voters' Conduct:**

Very Satisfied  Satisfied  Not Satisfied

Remarks.....  
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**4. Public Health Protocol Against COVID-19:**

Very Satisfied:  Satisfied  Not Satisfied

Remarks:.....  
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Name of Observer:.....

Signature:.....

Date:.....

Regional Coordinator:

Name.....

Date.....