

**OHIO COURT OF CLAIMS
PUBLIC RECORDS ACCESS
FORMAL COMPLAINT**

Ohio Court of Claims
65 South Front Street, 3rd Floor
Columbus, Ohio 43215
(614) 387-9800
www.ohiocourtclaims.gov

OCC Form Rev. ()

INSTRUCTIONS: This form is to be used only when filing complaints under Ohio Revised Code 2743.75(D). All information provided may be disclosed pursuant to Ohio Public Records Act, O.R.C. 149.43.

PLEASE TYPE OR PRINT

CLAIMANT CONTACT INFORMATION

Name of person or organization that made public records request (last, first, middle initial or organization name)			
c/o (contact person if claimant is an organization)			
Address	City	State	Zip Code
Telephone number	E-mail address		

PUBLIC OFFICE CONTACT INFORMATION

Name of public office			
Address (number and street)	City	State	Zip Code
County	Telephone number	E-mail address	
Name of public official who responded to records request (if no response made, state "None")			

COMPLAINT

Please describe how access to public records was denied in violation of R.C. 149.43(B) (see codes.ohio.gov/orc/149.43). Attach additional sheets if necessary. Give the date of each request, and be specific as to what records have not been provided.

REQUIRED ATTACHMENTS OR INFORMATION

Attach copy of original public records request, and copies of any and all written responses or other communications relating to the request from the public office. If the request and/or denial was verbal, provide a detailed description below of the verbal communication with the public office. Attach additional sheets if necessary.

Signature	Date (mm/dd/year)
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