

**OHIO COURT OF CLAIMS
PUBLIC RECORDS ACCESS
FORMAL COMPLAINT
OCC Form Rev. ()**

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

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 INFORMATION			
Name (last, first, middle initial)		Business Name (if applicable)	
Address	City	State	Zip Code
Telephone number	Fax number	E-mail address	
INFORMATION ABOUT PUBLIC AGENCY DENYING ACCESS			
Name of public office or official			
Address (number and street)	City	State	Zip Code
County	Telephone number	E-mail address	
Name of elected/ appointed official or presiding officer responsible for the denial			
COMPLAINT (Check all that apply.)			
<input type="checkbox"/> Public Records Access Violation			
<input type="checkbox"/> Denial of Access		<input type="checkbox"/> Excessive Copy Fee	
<input type="checkbox"/> Denial of Electronic Access			
<input type="checkbox"/> Other: _____			
REQUIRED INFORMATION			
Date denied access to public record (mm/dd/year)			
Please describe denial of access to public records below. Attach additional sheets if necessary. (Required)			
<hr style="border-top: 1px dotted black;"/>			
PLEASE ATTACH COPIES OF THE ORIGINAL RECORDS REQUEST AND ANY WRITTEN RESPONSE OR OTHER COMMUNICATION CONCERNING DENIAL OF THE REQUEST FOR PUBLIC RECORDS			
Signature		Date (mm/dd/year)	