

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

Ohio Court of Claims  
65 South Front Street, 3<sup>rd</sup> 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 <b>or</b> organization that made public records request (last, first, middle initial <b>or</b> 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)