Reset Form

OFFICE OF THE PUBLIC ACCESS COUNSELOR
FORMAL COMPLAINT

State Form 49407 (R6 / 3-14)

INSTRUCTIONS: This form is to be used only when filing complaints under Indiana Code 5-14-5.
All information provided is disclosable under the Access to Public Record Act. ***PLEASE TYPE OR PRINT.***

PUBLIC ACCESS COUNSELOR
Indiana Government Center South
402 West Washington Street
Indianapolis, Indiana 46204
Telephone: (317) 234-0906
Toll free: (800) 228-6013
Fax: (317) 233-3091

FOR OFFICE USE ONLY		
Date received *(month, day, year)*	Complaint number	Date due *(month, day, year)*

COMPLAINANT INFORMATION

Name (*last, first, middle initial*)			
Address (*number and street*)	City	State	ZIP code
Telephone number ( )	Fax number ( )	E-mail address	

INFORMATION ABOUT PUBLIC AGENCY DENYING ACCESS

Name of public agency			
Address (*number and street*)	City	State	ZIP code
Telephone number ( )	Fax number ( )	E-mail address	
Name of elected / appointed official or presiding officer responsible for the denial			

COMPLAINT *(Check all that apply.)*

☐ **Open Door Law Violation**
- ☐ Executive Session
- ☐ Notice
- ☐ Other: _____

☐ **Public Records Access Violation**
- ☐ Denial of Access
- ☐ Copy Fee
- ☐ Denial of Electronic Access
- ☐ Other: _____

☐ **Request for priority status** [*See Indiana Administrative Code (62 IAC 1-1-3).*] (*Must include in narrative the reason for priority status.*)

IMPORTANT

Date denied access to public record (*month, day, year*)	Date notified of denial of access to meeting (*month, day, year*)

Please describe denial of access to meeting or public records below. Attach additional sheets if necessary. (Required)

PLEASE ATTACH COPIES OF ANY WRITTEN DENIAL OR DOCUMENTATION CONCERNING DENIAL.

Signature	Date *(month, day, year)*