

**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.

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**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) |