

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

Ohio Court of Claims  
65 South Front Street  
3<sup>rd</sup> Floor  
Columbus, Ohio 43215  
(614) 387-0800  
www.ohiocourtclaims.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 PRINT OR TYPE**

**CLAIMANT INFORMATION**

Name (Last, First, MI) or Business Name (If Applicable)			
Address	City	State	Zip Code
Phone Number	Fax Number	Email Address	

**INFORMATION ABOUT PUBLIC AGENCY DENYING ACCESS**

Name of Public Office or Official			
Address	City	State	Zip Code
County	Phone Number	Email Address	

**COMPLAINT (Check all that Apply)**

**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. Attached additional sheets if necessary. (Required)

**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)
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