

OFFICE OF THE PUBLIC ACCESS COUNSELOR FORMAL COMPLAINT

State Form 49407 (R7 / 4-23)

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.** OFFICE OF THE PUBLIC ACCESS COUNSELOR Indiana Government Center South 402 West Washington Street, Ste. W470 Indianapolis, Indiana 46204-2745 Telephone: (317) 234-0906 E-mail: pac@opac.in.gov www.IN.gov/pac

		FOI	R OFFIC	E USE ONLY			
Date received (month, day, year)		Complaint number			Date due (month, day, year)		
		COMPL	LAINANT	INFORMATION			
Name (last, first, middle initial)							
Address (number and street)			City		State	ZIP code	
Telephone number Fax number			1	E-mail address			
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				C AGENCY DENYING A	CCE88		
Name of public agency			TFODE	CAGENCI DENTING A	00200		
Address (number and street)			City		State	ZIP code	
Address (number and street)			City		Olale		
Televiser worker				E us sil salahasas			
Telephone number	Fax number			E-mail address			
Name of elected / appointed official or presid	ing officer res	ponsible for the de	enial				
COMPLAINT (Check all that apply.)							
Open Door Law Violation					Pacarde Act Via	lation	
Executive Session				Access to Public Records Act Violation Denial of Access Copy Fee			
Notice				Denial of Electronic Access			
Other:				Other:			
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)							
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PLEASE ATTACH COPIES OF ANY WRITTEN DENIAL OR DOCUMENTATION CONCERNING DENIAL.							
Signature					Date (month, day,	, year)	