



**OFFICE OF THE PUBLIC ACCESS COUNSELOR  
FORMAL COMPLAINT**

State Form 49407 (R7 / 4-23)

**OFFICE OF THE PUBLIC ACCESS COUNSELOR**

Indiana Government Center South  
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**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.**

**FOR OFFICE USE ONLY**

Date received (month, day, year)	Complaint number	Date due (month, day, year)
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**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.)**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Open Door Law Violation</b> | <input type="checkbox"/> <b>Access to Public Records Act Violation</b>      |
| <input type="checkbox"/> Executive Session              | <input type="checkbox"/> Denial of Access <input type="checkbox"/> Copy Fee |
| <input type="checkbox"/> Notice                         | <input type="checkbox"/> Denial of Electronic Access                        |
| <input type="checkbox"/> Other: _____                   | <input type="checkbox"/> Other: _____                                       |

**IMPORTANT**

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