

STATE OF CONNECTICUT
FREEDOM OF INFORMATION COMMISSION
MEETINGS COMPLAINT FORM
(To be used for alleging a meetings violation)

1. Today's Date:

2. Name of person filing complaint:

3. Street address:

4. City, State, ZIP

5. Phone

6. E-mail address:

7. Date of alleged violation of FOI Act (denial):

8. What was the date of the meeting you are complaining about?

9. Provide the complete contact information for the agency that held the meeting

Name of Agency:

Agency Address:

Agency Phone Number:

Agency Email Address:

10. Please provide a brief summary of your complaint: (Box allows 700 characters)

Signature

Date

Click Box Below to check for Accuracy.
If no errors popup, the form is complete