

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

Any field outlined in red must be filled out

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)

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Signature

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Date

Click Box Below to check for Accuracy. If no errors popup, the form is complete and Ready to Print. Send the completed complaint form and all additional documentation by U.S. Postal Service to: Freedom of Information Commission, 165 Capitol Ave., Suite 1100, Hartford, CT 06106 or by electronic mail to: [foi@ct.gov](mailto:foi@ct.gov)