

**STATE OF CONNECTICUT**  
**FREEDOM OF INFORMATION COMMISSION**  
**RECORDS COMPLAINT FORM**  
**(To be used when alleging a denial of a request for**  
**records)**

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. Provide the complete contact information for the agency from which you requested the records (name of agency, agency address, phone number and email address)  
(Note: if you requested records from more than one agency, please use a separate Records Complaint Form for each such request).

Name of Agency:

Agency Address:

Agency Phone Number:

Agency Email Address:

9. Please include or attach a copy of your records request with your complaint.

10. Did the agency issue a written denial of your request?

11. If the answer to number 10, above is yes, please include a copy of the written denial with your complaint.

12. If the answer to number 10 is no, please indicate whether you received any other written communication from the agency after you submitted your request?

13. If the answer to number 12 is yes, please include a copy of the written communication with your complaint.

14. If you made the request to or interacted directly with a person at the agency, please provide complete contact information for that person (name, title, work email address and work phone number).

Name and Title of Person at Agency:

Work Email Address of Person at Agency:

Work Phone Number of Person at Agency:

15. If you communicated with a person at the agency after you submitted your request, what was the date of your last communication with that person?

16. 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