

PUBLIC INFORMATION ACT COMPLIANCE BOARD

COMPLAINT FORM

Use of this form complaint is not required. However, certain information must be provided in order for the Board to review and resolve your complaint, *see* Md. Code Ann., Gen. Provisions (“GP”) § 4-1A-05(a) and (b); COMAR 14.02.02 and 14.02.03, and this form will assist you in providing that information. In addition, **you must have first attempted to resolve your dispute through the Public Access Ombudsman.** GP § 4-1A-05(a). Your complaint must also be signed. GP § 4-1A-05(b)(3).

COMPLAINANT INFORMATION

Full Name

First

Middle

Last

Address

Street Address

Apartment/Unit #

City

State

Zip

Phone Number

(###) ###-####

Email

CUSTODIAN OR REQUESTER INFORMATION

Name/Agency

Name

Address

Street Address

Suite/Office/Unit #

City

State

Zip

Contact Name _____
First Middle Last

Phone Number _____
(###) ###-####

Email _____

PIA REQUEST INFORMATION

Date of PIA Request _____
MM/DD/YYYY

Date of Custodian Response _____
MM/DD/YYYY

Date of Ombudsman Final Determination _____
MM/DD/YYYY

Complaint Narrative
(attach additional pages if necessary)

ADDITIONAL INFORMATION

Please attach the following to this form, if available:

- A copy of the original PIA request to the custodian.
- A copy of the custodian’s final response to the PIA request.
- A copy of the Public Access Ombudsman’s Final Determination.

In addition, you may attach any correspondence between the requester and the custodian that you believe is relevant to the dispute. In the event that any or all of these items are unavailable, please attach a separate document(s) providing a narrative of the PIA request and/or the custodian's response(s), including dates, key details, and contact information.

Please do not attach any mediation information or communications, or records that you consider privileged, confidential, or otherwise exempt from public disclosure. Your complaint and any attachments thereto are public records of the PIACB subject to disclosure under the PIA.

SIGNATURE

I wish to submit this complaint to the PIACB for its review and decision.

Signature

Date

SUBMITTING THIS COMPLAINT

Please return this signed completed form and all attachments via email to:

PIAOpenGov@oag.state.md.us

You may also submit this completed form and all attachments via mail to:

**PUBLIC INFORMATION ACT COMPLIANCE BOARD
c/o OFFICE OF THE ATTORNEY GENERAL
200 St. Paul Place
Baltimore, Maryland 21202**

TO BE COMPLETED INTERNALLY BY THE OFFICE

Complaint Received

MM/DD/YYYY

File Number

PIACB ##-###