**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**](mailto: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 ##-###* |