

# New Jersey Government Records Council Denial of Access Complaint

**Please read these instructions before completing this form:**

- This form is to be used only for claims of denial of access to public records that were requested on or after July 8, 2002 under "OPRA," the Open Public Records Act (N.J.S.A. 47:1A-1 et seq.)
- If you believe you have wrongfully been denied access to a public record under OPRA, you may ask the Government Records Council (GRC) staff for informal assistance in resolving the matter by calling 866-850-0511, by e-mail at [grc@dca.state.nj.us](mailto:grc@dca.state.nj.us), or writing to the GRC at P.O. Box 819, Trenton, NJ 08625. If a resolution cannot be reached or if you do not wish to consult the GRC staff, you may EITHER file this Complaint with the GRC OR seek relief from the Law Division of Superior Court, but not both.
- Please print and provide ALL information requested. Incomplete forms will delay processing.
- Only one complaint is required for each OPRA request form, regardless of the number of documents sought in the request. For example, OPRA requests filed with three different custodians of records may result in filing of separate Complaints, if any of the requests are denied. Similarly, two different OPRA request forms submitted to the same custodian at different times of day should each be given their own Complaint, if any of the requests are denied.

**1. About the Requester of the Documents:**

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Please provide a phone number at which GRC staff can contact you between 8 A.M.-5 P.M., Monday-Friday: \_\_\_\_\_

E-Mail Address (optional): \_\_\_\_\_

If you are represented by an attorney, please provide name and telephone number:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Should we contact your attorney for further information on this Complaint? Yes  No

**2. About the Custodian of Records:**

Name of the public agency from which records were sought: \_\_\_\_\_

Name of custodian on whom records request was served: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail address (if used): \_\_\_\_\_

Name of custodian who denied records request: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail address (if used): \_\_\_\_\_

**3. About the Record Request:**

Date your records request was provided to the custodian: \_\_\_\_\_ 22

Did you receive a reply to your request?      Yes       No  24

If so, state the date your request for records was denied: \_\_\_\_\_ 25

Has there been any other complaint filed with the GRC concerning this record request or any document sought in it? 26

Yes       No  27

If yes, state the date the Complaint was submitted to the GRC, the case number of the Complaint, and the final disposition of the Complaint, if known. 28

Date: \_\_\_\_\_ Case Number: \_\_\_\_\_ 29

Disposition: \_\_\_\_\_ 30

Have you ever before spoken with or written to the GRC or its staff about the record request or any document sought in it? 31

Yes       No       Date: \_\_\_\_\_ 32

- **Complete** the attached Records Request Supplement to describe the records to which you were denied access. 35
- **Attach** a copy of the Records Request Form you filed with the public agency, any correspondence denying access, and all other documents related to the denial that you believe are relevant. 36

**4. Verification of Complaint:**

By signing this complaint, I affirm that: 38

- I am the person who submitted the OPRA request for records which is the subject of this Complaint; 39
- The information I have provided herein is true to the best of my knowledge and belief; 40
- The documents submitted with this Complaint are true copies of the original messages or letters I have sent or received in connection with this matter; 41
- I am not seeking disclosure of any personal information pertaining to the victim of any crime committed by me which is an indictable offense under the laws of the State of New Jersey or any other State, or pertaining to the family of that victim; and, 42
- I am subject to legal penalty for any deliberate misstatement of fact made by me in support of this Complaint. 43

\_\_\_\_\_  
Signature (required)      \_\_\_\_\_  
Date 44

**MAIL THIS COMPLAINT AND ALL SUPPORTING DOCUMENTATION TO:** 46

Government Records Council, PO Box 819, Trenton, New Jersey 08625 47

*The GRC recommends that Requester send the Custodian listed in Section 2 a copy of this complaint.*

**New Jersey Government Records Council  
Denial of Access Complaint – Records Request Supplement**

For GRC use only

Name of Complainant: \_\_\_\_\_

This is Page \_\_\_ of \_\_\_\_.

Please fill out this form describing the record (or portion of it) to which access has been denied, the response to your request, including the reason given for denial of access. Submit additional pages if necessary.

Item #	Description of record (or portion)	Response to request