



Johnson County
Office of the District Attorney

150 W. Santa Fe St., 3rd Floor
Olathe, Kansas 66051
Phone: (913) 715-3003
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File No. _____

**KANSAS OPEN MEETINGS/
OPEN RECORDS ACT
COMPLAINT**

Stephen M. Howe
District Attorney

**YOUR INFORMATION:
(SIGNATURE ON BACK REQUIRED)**

Name: Mr. Ms.

Address:

City, State, Zip:

Cell Phone #:

Home Phone #:

E-mail Address:

**INFORMATION ABOUT THE PUBLIC
ENTITY/AGENCY/OFFICIAL:**

Name:

Address:

City, State, Zip:

Phone #:

Nature of Complaint: (Check one)

Open Meetings

Open Records

INFORMATION ABOUT THE ALLEGED VIOLATION

Indicate the date and location of the alleged violation:

Describe how you learned of the alleged violation:

RESOLUTION SOUGHT

What assistance are you seeking? (Check One)

Providing Information Only

Investigation

Receive Requested Documents

Receive Requested Notice

Other (Explain)

ACTION YOU HAVE TAKEN

Have you retained an attorney regarding this complaint? _____
If so, please state the name, address, and phone number of your attorney:

Has legal action been taken by you or against you with regard to this complaint? _____
If so, please describe the current status of any legal action:

Have you filed this complaint with any other agencies? _____
If so, list name of agency and status of complaint:

DESCRIPTION OF ALLEGED VIOLATION

Please describe the relevant conduct in chronological order. (Add additional pages if necessary)

SUPPORTING DOCUMENTATION

Please provide copies of all documents relevant to this complaint, including correspondence, agendas, meeting minutes, photographs, timeline of events, etc. Failure to provide supporting and relevant documents may cause unnecessary delay in the handling of your complaint.

VERIFICATION

In filing the complaint, I understand and agree that the employees of the District Attorney's Office are not my private attorneys, but instead represent Johnson County in enforcing State law related to Open Records and Open Meetings violations. I understand that Kansas Law limits the period of time during which I may file any private legal actions(s), and I have been advised to contact a private attorney if I have any questions concerning those time limitations and my legal rights with regard to any private actions(s). I further understand and agree that the contents of this complaint may be forwarded to the entity, agency, organization, official or person the complaint is directed against or to other appropriate agencies. I verify that the information contained in the above complaint is true and accurate to the best of my knowledge.

Your Signature (Required)

Date

PLEASE COMPLETE BOTH PAGES - INCOMPLETE FORMS MAY BE RETURNED

