



# Kansas Attorney General

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## Kansas Open Meetings Act / Kansas Open Records Act Complaint Form

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**The Kansas Open Meetings Act (KOMA) declares that it is the public policy of this state “that meetings for the conduct of governmental affairs and the transaction of governmental business be open to the public.” K.S.A. 75-4317(a).**

**The Kansas Open Records Act (KORA) declares that it is the public policy of this state “that public records shall be open for inspection by any person unless otherwise provided by this act, and this act shall be liberally construed and applied to promote such policy.” K.S.A. 45-216(a).**

The Attorney General or the County/District Attorney may investigate alleged violations of these acts. See K.S.A. 75-4320 and 75-4320b (KOMA); and K.S.A. 45-222 and 45-228 (KORA).

Citizens may use this form to file a complaint with the Office of the Attorney General. If you are under 18 years of age, a parent or guardian may file for you. K.S.A. 45-252 and 75-4320e require the complaint to be made on a form prescribed by the Attorney General and attested under penalty of perjury. The form below complies with the statutory requirements.

After we receive your complaint, we will:

- Process your complaint and assign a case number;
- Review it to determine whether you have alleged a violation of the KOMA or the KORA. This review is conducted by an attorney; and
- Contact you in writing in approximately 10 to 14 business days to tell you the status of your complaint.

After we receive your complaint, we may:

- Refer the complaint to the appropriate County or District Attorney for further action;
- Investigate the allegations;
- Seek the appropriate remedy under the KOMA or the KORA;
- Hold it open for a short period of time to determine if there are other similar complaints against the same public body or agency; or
- Close the matter if we do not find a violation.

If we accept your complaint for investigation, we will:

- Contact the public body or agency and give them a chance to respond. An investigation may take 3 – 4 weeks or several months, depending on the nature and number of the alleged violations; and
- Tell you about the outcome *after* we conclude our investigation.

**By submitting your complaint, you understand the following:**

- **We will share your complaint with the public agency or official you identified and ask for a response. This will help us understand what happened in your particular situation;**
- **Your complaint may be open to others under the Kansas Open Records Act;**
- **Any investigation conducted by this office is conducted on behalf of the State of Kansas;**
- **We cannot act as your private attorney. Any investigation conducted by this office is not conducted on your behalf as a private citizen;**
- **We cannot give you legal advice about your complaint; and**
- **We cannot represent you if you decide to file your own action for violation of the KOMA or the KORA. Please review K.S.A. 75-4320a (KOMA) or K.S.A. 45-222 (KORA) for further information on filing your own separate cause of action. Kansas law limits the period of time you have to file any private legal action(s).**

## General Information

Your Name: \_\_\_\_\_

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

*Street*

*Apt.*

\_\_\_\_\_  
*City*

*State*

*ZIP*

Phone: (    ) \_\_\_\_\_ Alternate Phone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

## Background Information

Have you complained about this matter to any other office?       Yes       No

Have you filed a private lawsuit related to this matter?       Yes       No

## Violation Details

Type of Violation:       Kansas Open Meetings Act       Kansas Open Records Act

Name of public agency/entity/official you are requesting we investigate:

\_\_\_\_\_

Public Agency/Entity/Official Address: \_\_\_\_\_

\_\_\_\_\_

Public Agency/Entity/Official Phone Number: (    ) \_\_\_\_\_

Date of Alleged Violation: \_\_\_\_\_

Location of Alleged Violation: \_\_\_\_\_

**Please describe the alleged violation in chronological order and identify any supporting documents:**

*Attach additional pages and supporting documentation, if necessary.*

**What remedy would you like to see to resolve this matter:**

Receive requested records

Receive notice of meetings

Void action

Other: \_\_\_\_\_

## **Verification**

**By signing my name below, I declare under penalty of perjury that the foregoing is true and correct. I further certify that I have read and understand this complaint form.**

\_\_\_\_\_  
**Signature of Complainant (Required)**

\_\_\_\_\_  
**Date**