City of Alameda



SUNSHINE ORDINANCE COMPLAINT FORM

Complaint against which Department or Body (required):	
	(Can be "Unknown")
Name of individual contacted at Department or Body, if a	ny:(Can be "Unknown")
Diagon coloct (required).	(Can be "Unknown")
Please select (required): Alleged violation of public records access Alleged violation of public meeting Date of Meeting:	
Sunshine Ordinance Section(s): Please cite specific provision(s) if known. The Sunshine https://library.municode.com/ca/alameda/codes/code of ordinance Section(s):	Ordinance is available here: nances?nodeld=CHIIAD_ARTVIIISUOR)
Please describe alleged violation (required; use additional Please attach relevant documentation. You are encour complaint at the time of filing; additional information is a https://www.alamedaca.gov/files/assets/public/departments/alaordinance-complaint-procedure-adopted-10-4-2021.pdf	al paper if needed): raged to submit evidence supporting your available in the Complaint Procedure here:
Name (required):	_ Filing Date (required):
At least one contact method is needed in order to schedu	ule a hearing:
Email address: Telepho	ne number:
Mailing address:	
This form is public and will be included in the meeting red	cord online.
Would you like your email address withheld? Yes \Box No	
Would you like your telephone number withheld? Yes \Box	No □
Would you like your address withheld? Yes ☐ No ☐	