City of Alameda



SUNSHINE ORDINANCE COMPLAINT FORM

Complaint against which Department or	Body (required):		
Complaint against which Department or	(Can be "Unknown")		
Name of individual contacted at Department or Body, if any: (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 Ordinance is available here: https://library.municode.com/ca/alameda/codes/code_of_ordinances?nodeld=CHIIAD_ARTVIIISUOR) Please describe alleged violation (required; use additional paper if needed): Please attach relevant documentation.			
Name (required):	Filing Date (required):		
At least one contact method is needed i	in order to schedule a hearing:		
	Telephone number:		
Mailing address:			
This form is public and will be included	in the meeting record online.		
Would you like your email address withl	held? Yes □ No □		
Would you like your telephone number	withheld? Yes □ No □		
Would you like your address withheld?	Yes □ No □		