



Please answer questions 1-6

1. Date of Request: _____

2. Name, address, phone of Requester: _____

3. What is requested? _____

4. Does request include the disclosure of identities of complainants, residents or witnesses?

YES _____ attach copy of consent by complainants or residents to release confidential information, including identities, or if oral consent is given attach documentation.

NO _____

5. If consent has not been given, is the disclosure required by a court order?

YES _____ (attach court order)

NO _____

6. Stated reason/need for access to records, files or testimony (attach any written explanation):

For Ombuds Use Only: Would disclosure of program records, files, or testimony create a reasonable likelihood of: (check if applicable and explain)

- a. Retaliation against residents, complainants or witnesses; _____
- b. Intimidating individuals from contacting or assisting the ombudsman program; _____
- c. Undermining working relationships between the ombudsman program, facilities, and enforcement agencies; or _____
- d. Undermining other official duties of the ombudsman program. _____

