



If you would like to file a canine cruelty complaint, please complete and mail this form to:
Missouri Attorney General Chris Koster • Agriculture & Environmental Division • PO Box 899 • Jefferson City, MO 65102

Your Information

YOUR NAME _____
First Last Mi

ADDRESS _____
Street City State Zip County

E-MAIL _____

PRIMARY PHONE NO. () -

SECONDARY PHONE NO. () -

Information About Complaint

MY COMPLAINT IS AGAINST _____

ADDRESS _____
Street City State Zip County

BUSINESS PHONE NO. () -

E-MAIL _____ WEBSITE _____

PERSON YOU DEALT WITH _____
Name Title

BRIEFLY DESCRIBE YOUR COMPLAINT You may attach a separate sheet of paper if you need more space. _____

WHAT ACTION HAVE YOU TAKEN TO RESOLVE THIS COMPLAINT?

- No action taken
- Sent email to company
- Sent letter to company
- Filed a lawsuit
- Contacted a private attorney
- Filed a complaint with another agency
- Other (please explain) _____



Information About Complaint

HOW DO YOU WANT THIS COMPLAINT RESOLVED? Refund Deliver pet Replace/Trade
 Other (please explain) _____

Information About Pet Purchase

DID YOU PURCHASE A PET FROM THIS PERSON? Yes No

DATE OF TRANSACTION/PURCHASE / / 20 AMOUNT PAID \$ _____
MM / DD / YYYY

HOW & WHERE DID YOU LEARN ABOUT THIS PERSON? _____

WHAT CONDITION WAS YOUR PET IN WHEN YOU RECEIVED IT? _____

Information About Payment

PAYMENT METHOD Cash Credit Card Debit Card Loan Check Other

DID YOU SIGN A CONTRACT, WARRANT AGREEMENT, OR SIMILAR PAPERS? Yes No

DID YOU RECEIVE A HEALTH CERTIFICATE, VETERINARIAN RECORD, BIRTH RECORD, OR OTHER DOCUMENTATION WITH YOUR PET? Yes No

WERE YOU PROMISED ANY DOCUMENTATION? Yes No

DO YOU HAVE ANY PHOTOGRAPHS OF YOUR PET OR THE KENNEL WHERE YOU PURCHASED IT? PLEASE ATTACH. Yes No

Your Verification

BY FILING THIS COMPLAINT, I UNDERSTAND THAT:

In accordance with Missouri law, complaints are "public records," subject to public disclosure upon request. My complaint, including my name, address and related documents, may be provided pursuant to a Sunshine Law request. The Attorney General's Office will work cooperatively with the DNR to review and assess complaints filed with the state.

I ATTEST TO THE ACCURACY OF STATEMENTS MADE IN THIS COMPLAINT:

YOUR SIGNATURE _____ DATE / / 20
MM / DD / YYYY