



If you have concerns about the propriety of conduct by a public official in your community, please complete and mail this form to: Missouri Attorney General's Office • P.O. Box 899 • Jefferson City, MO 65102

## Your Contact Information

YOUR NAME \_\_\_\_\_  
First Last Mi

ADDRESS \_\_\_\_\_  
Street City State Zip County

E-MAIL \_\_\_\_\_

PRIMARY PHONE NO. ( ) - -

SECONDARY PHONE NO. ( ) - -

## Information About Complaint

PUBLIC OFFICIAL NAME \_\_\_\_\_

PUBLIC OFFICIAL TITLE \_\_\_\_\_

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

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If you have any materials or documents relating to your allegation(s), please attach to this complaint.

If you do not have any material(s) relating to your allegation(s), but know that such material(s) exist(s), describe it and where it may be found, including who may have possession or control over it and how that person or entity may be reached.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



WHAT OTHER ACTION HAVE YOU TAKEN WITH REGARDS TO THIS COMPLAINT?

- No action taken
- Filed a lawsuit
- Sent an email to public official
- Contacted a private attorney
- Sent a letter to public official
- Filed a complaint with another agency

## Your Verification

**BY FILING THIS COMPLAINT, I UNDERSTAND THAT:**

The Attorney General is not my private attorney, but enforces Missouri laws. I would be willing to testify in court to the facts stated in this complaint. A copy of this complaint may be provided to the public official against whom I am filing this complaint, and in accordance with Missouri law, complaints may under certain circumstances be subject to public disclosure. My complaint, including my name, address, and related documents, may be provided pursuant to a Sunshine Law request.

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

YOUR SIGNATURE \_\_\_\_\_

DATE   /   / 20    
MM / DD / YYYY