



If you have information that a business entity is violating the law by employing an unauthorized alien, please complete and mail this form to: Missouri Attorney General's Office • P.O. Box 899 • Jefferson City, MO 65102

Your Information

YOUR NAME First Last Mi

ADDRESS Street City State Zip County

E-MAIL

PRIMARY PHONE ( ) -

SECONDARY PHONE ( ) -

PLEASE SELECT ONE BOX:

- I am a state official.
I am a state resident.
I am the registered agent, corporate officer or legal representative of , a business entity.

Business Information

BUSINESS NAME

ADDRESS Street City State Zip County

PHONE NO. ( ) -

WEB SITE

E-MAIL TYPE OF BUSINESS

NAME OF OWNER OR PRINCIPAL

Complaint Information

Note: A valid complaint cannot allege a violation solely or primarily on the basis of national origin, ethnicity or race.

DESCRIBE IN DETAIL THE INFORMATION THAT INDICATES THE BUSINESS EMPLOYS UNAUTHORIZED ALIENS.

Four horizontal lines for describing the complaint information.



Complaint Information (Con't)

WHEN DID THE BUSINESS EMPLOY UNAUTHORIZED ALIENS? \_\_\_\_\_

WHERE DID THE BUSINESS EMPLOY UNAUTHORIZED ALIENS? \_\_\_\_\_

Verification Information

Section 285.530 of the Revised Statutes of Missouri prohibits a business entity or employer from knowingly employing, hiring for employment, or continuing to employ an unauthorized alien to perform work in Missouri. Section 285.535 allows any state official, business entity or state resident to file a complaint regarding the employment of unauthorized aliens. Providing false information in this affidavit can result in civil and/or criminal penalties.

I DECLARE UNDER PENALTY OF PERJURY under the laws of the State of Missouri that the foregoing is true and correct to the best of my knowledge and belief. If signing for a business entity in a representative capacity, I acknowledge that I am Authorized to sign this application on behalf of the complainant.

NAME PRINTED \_\_\_\_\_ DATE [ ] [ ] / [ ] [ ] / 20 [ ] [ ]

MM / DD / YYYY

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

Notary Information

STATE \_\_\_\_\_ )

) SS.

COUNTY (OR ST. LOUIS CITY) \_\_\_\_\_ )

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

NOTARY PUBLIC SIGNATURE \_\_\_\_\_ DATE MY COMMISSION EXPIRES \_\_\_\_\_

NOTARY PUBLIC NAME (TYPED OR PRINTED) \_\_\_\_\_

NOTARY PUBLIC EMBOSSEER OR BLACK RUBBER STAMP SEAL