Agriculture and Environmental Complaint Form

Missouri Attorney General
Josh Hawley

ago.mo.gov
800-392-8222

If you would like to file an environmental complaint, please complete and mail this form to: Missouri Attorney General Josh Hawley • Agriculture & Environmental Division • 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 NO. (☐☐☐) ☐☐☐ - ☐☐☐☐

SECONDARY PHONE NO. (☐☐☐) ☐☐☐ - ☐☐☐☐

Site Owner/Operator Information

SITE OWNER/OPERATOR _____ PHONE _____

ADDRESS _____ Street _____ City _____ State _____ Zip _____ County

DRIVING DIRECTIONS TO SITE _____

GPS COORDINATES *(OPTIONAL)* _____

TYPE OF VIOLATION ☐ Water ☐ Air (including odor) ☐ Solid Waste ☐ Hazardous Waste ☐ Other

BRIEFLY DESCRIBE YOUR OBSERVATION, INCLUDING DATES AND TIMES. _____

IS ACTIVITY ONGOING? _____

_____

DO YOU HAVE PHOTOGRAPHS, DOCUMENTS OR OTHER POTENTIAL EVIDENCE? _____

_____

WHAT ACTION HAVE YOU TAKEN TO RESOLVE THIS COMPLAINT?

☐ No action taken ☐ Sent email to site owner /operator ☐ Sent letter to site owner/operator

☐ Filed a lawsuit ☐ Contacted a private attorney ☐ Other (please explain) _____

_____

HAVE YOU CONTACTED ANY OTHER AGENCIES REGARDING THIS MATTER?

○ No ○ Yes IF YES, PLEASE LIST NAMES, PHONE NUMBERS AND ADDRESSES IF KNOWN.

AGENCY NAME _____ **PHONE** _____

ADDRESS _____ Street _____ City _____ State _____ Zip _____ County

AGENCY NAME _____ **PHONE** _____

ADDRESS _____ Street _____ City _____ State _____ Zip _____ County

AGENCY NAME _____ **PHONE** _____

ADDRESS _____ Street _____ City _____ State _____ Zip _____ County

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 ☐☐/☐☐/2 0☐☐
MM / DD/ YYYY