



Only submit this form if you witness criminal acts by a public official and the city police department or county sheriff's office with jurisdiction has a direct conflict of interest in investigating the matter.

With the exception of a few specific scenarios, primarily Workers' Compensation and Merchandising Practices violations, this office lacks the original jurisdiction to launch criminal investigations at the trial level (RSMo 27.030). Missouri law generally gives those duties to local law enforcement and the elected county prosecutor unless a conflict exists or local authorities request the assistance of this office.

In the event your complaint contains clear and credible evidence of criminal wrongdoing and our office determines that local law enforcement does not have a conflict of interest, the complaint will be forwarded to the appropriate law enforcement agency for review.

**Public corruption complaints must:**

- Be specific in nature;
- Contain accurate contact information;
- Be criminal in nature;
- Be against an elected official currently serving within the State of Missouri.
- NOT be anonymous; and
- NOT be lodged by criminal defendants
  - o In the event a complaint is lodged by the subject of an ongoing criminal investigation or prosecution, this office will forward a copy of the complaint to the appropriate county prosecutor for review.

**This office is not permitted to take action against private citizens. Any complaints against private citizens will be closed without response.**

**This office is not permitted to mediate private civil disputes. Any complaints related to private civil disputes will be closed without response.**

Complaints are screened in the order they are received by the public corruption unit. Written responses typically are issued within 30 days. New submissions of previously filed complaints may result in delay.

If you would like to file a complaint, please complete and mail this form to: Missouri Attorney General's Office  
P.O. Box 899 • Jefferson City, MO 65102

**Your Contact Information**

DO YOU WISH TO RECEIVE A RESPONSE TO YOUR COMPLAINT? Accurate contact information is required regardless of your selection.

Yes     No

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 \_\_\_\_\_

PUBLIC BODY \_\_\_\_\_

DESCRIBE ALL RELEVANT FACTS OF 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.

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

- No action taken
- Filed a lawsuit Case number or name. \_\_\_\_\_
- Sent an email to public official Please provide a copy of the email in the attachments.
- Contacted a private attorney Name of attorney or firm. \_\_\_\_\_
- Sent a letter to public official Please provide a copy of the letter in the attachments.



## Information About Complaint (Cont'd...)

HAVE YOU FILED A COMPLAINT WITH LOCAL LAW ENFORCEMENT OR ANOTHER AGENCY?

Yes    Name of agency. \_\_\_\_\_

No    Why not? \_\_\_\_\_

## 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