



If you would like to file a canine cruelty complaint, please complete and mail this form to:
Missouri Attorney General's Office • Governmental Affairs Section • 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. () -

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

PLEASE STATE IN DETAIL ALL FACTS SUPPORTING YOUR COMPLAINT, INCLUDING NAMES, DATES, AND SPECIFIC CONDUCT

ALLEGED 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 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 completing and signing this form, you agree that the information you are providing in your complaint is truthful and accurate. You agree that the Attorney General’s Office is not your attorney, cannot provide you with legal advice, cannot represent you directly, and can take action only to enforce the law in the public’s interest. You further agree to testify in Court as a witness upon lawful request if the Attorney General’s Office initiates a lawsuit based on the allegations in your complaint. You agree that the information you are providing in your complaint is truthful and accurate. You also agree that the Attorney General’s Office will maintain a copy of your complaint as a public record, and the information in it may be treated as an open record depending on the circumstances, and it may be provided to the Missouri Department of Agriculture, investigators, or the entity subject to your complaint.

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