



If you would like to file an environmental 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. ( ) - -

### 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

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## 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   /   / 20

MM / DD/ YYYY