

FORMAL COMPLAINT FORM

Attach extra pages as necessary.

**BEFORE THE PUBLIC SERVICE COMMISSION  
OF THE STATE OF MISSOURI**

_____	)	
(Your name here)	)	
	)	
Complainant,	)	
	)	
v.	)	File No.
	)	
_____	)	
	)	(PSC fills this in)
_____	)	
(Utility's name here)	)	
	)	
Respondent,	)	

**FORMAL COMPLAINT**

1. Complainant resides at:

\_\_\_\_\_  
(Address of complainant)

\_\_\_\_\_  
(City) (State) (Zip Code)

2. The utility service complained of was received at:

a. Complainant's address listed in paragraph 1.

b. A different address:

\_\_\_\_\_  
(Address where service is provided, if different from Complainant's address)

\_\_\_\_\_  
(City) (State) (Zip Code)




8. The Complainant has taken the following steps to present this matter to the Respondent:

(Please describe in detail what steps you have already taken to resolve this complaint.)


\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Complainant

\_\_\_\_\_ Complainant's Phone Number

\_\_\_\_\_ Complainant's Printed Full Name

\_\_\_\_\_ Alternate Contact Number

\_\_\_\_\_ Complainant's E-mail Address

*Attach additional pages, as necessary. Attach **copies** of any supporting documentation. Do **not** send **originals** of any supporting documentation.*