Attach extra pages as necessary.

BEFORE THE PUBLIC SERVICE COMMISSION OF THE STATE OF MISSOURI

(Your name here))	
	Complainant,)	
	V.) File No.	
(Utility's name here)	.,,)	(PSC fills this in)
	Respondent,)	
	FORMAL C	OMPLAINT	
	ainant resides at:		
(Address of complainant)			
(City)	(State)		(Zip Code)
2. The util	ity service complained of w	vas received at:	
a. (Complainant's address liste	ed in paragraph 1.	
b. <i>i</i>	A different address:		
(Address where service is	provided, if different from Complainant's	s address)	
(City)	(State)		(Zip Code)

	3.	Respondent's address is:
(Addres	ss of c	complainant)
(City)	4.	(State) (Zip Code) Respondent is a public utility under the jurisdiction of the Missouri Public
Servi	ce C	Commission.
	5.	The amount at issue is: \$
	6.	Complainant now requests the following relief:
(Explain	what	t you want the Commission to do: the specific results you are seeking in this complaint.)
	7.	The relief requested is appropriate because Respondent has violated a
statut	te, ta	ariff, or Commission regulation or order, as follows:
(Explain		the Commission should grant the relief you seek: the facts that constitute a violation of a statute, tariff, or Commission order.)

8. The Complainant has tak	en the following steps to present this matter to
the Respondent:	
(Please describe in detail what steps you have alread	dy 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.