Attach extra pages as necessary.

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

		)	
(Your name her		, )	
	Complainant,	)	
	٧.	) File No.	
		) )	
		)	(PSC fills this in)
(Utility's name h	here)	<i>)</i> )	
	Respondent,	)	
	COMPLA	INT	
1. (Address of con	Complainant resides at:		
(City)	(State)		(Zip Code)
2.	The utility service complained of was	received at:	
	a. Complainant's address listed in	n paragraph 1.	
	b. A different address:		
(Address where	e service is provided, if different from Complainant's addr	ress)	
(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.