



If you have information that a business entity is violating the law by employing an unauthorized alien and is receiving a state administered tax credit, abatement, or loan, or has been awarded a state grant or contract exceeding \$5,000, please complete and mail this form to: Missouri Attorney General's Office • 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 () -

SECONDARY PHONE () -

PLEASE SELECT ONE BOX:

- I am a state official.
I am a state resident.
I am the registered agent, corporate officer or legal representative of , a business entity.

Business Information

BUSINESS NAME

ADDRESS Street City State Zip County

PHONE NO. () -

WEB SITE

E-MAIL TYPE OF BUSINESS

NAME OF OWNER OR PRINCIPAL

Complaint Information

Note: A valid complaint cannot allege a violation solely or primarily on the basis of national origin, ethnicity or race.

DESCRIBE IN DETAIL THE INFORMATION THAT INDICATES THE BUSINESS EMPLOYS UNAUTHORIZED ALIENS.

Four horizontal lines for describing the complaint information.



Complaint Information (Con't)

WHEN DID THE BUSINESS EMPLOY UNAUTHORIZED ALIENS? _____

WHERE DID THE BUSINESS EMPLOY UNAUTHORIZED ALIENS? _____

WHAT STATE ADMINISTERED TAX CREDIT, ABATEMENT OR LOAN IS BEING RECEIVED BY THE BUSINESS? _____

Verification Information

Section 285.530 of the Revised Statutes of Missouri prohibits businesses entities or employers who receive state administered tax credits, abatements or loans, as well as those awarded contracts or grants from the State of Missouri in excess of \$5000, from knowingly employing, hiring for employment, or continuing to employ an unauthorized alien to perform work in Missouri. Section 285.535 allows any state official, business entity or state resident to file a complaint regarding the employment of unauthorized aliens. Providing false information in this affidavit can result in civil and/or criminal penalties.

I DECLARE UNDER PENALTY OF PERJURY under the laws of the State of Missouri that the foregoing is true and correct to the best of my knowledge and belief. If signing for a business entity in a representative capacity, I acknowledge that I am Authorized to sign this application on behalf of the complainant.

NAME PRINTED _____ DATE [][] / [][] / [2][0][][] MM / DD / YYYY

YOUR SIGNATURE _____ TITLE _____

Notary Information

STATE _____)

COUNTY (OR ST. LOUIS CITY) _____)

) SS.

Subscribed and sworn to before me, this _____ day of _____, 20 _____

NOTARY PUBLIC SIGNATURE _____ DATE MY COMMISSION EXPIRES _____

NOTARY PUBLIC NAME (TYPED OR PRINTED) _____

NOTARY PUBLIC EMBOSSE OR BLACK RUBBER STAMP SEAL