

**HARASSMENT & INTIMIDATION COMPLAINT FORM**  
**SMART TRANSPORTATION DIVISION**  
**MISSOURI LEGISLATIVE BOARD**

Today's Date \_\_\_\_\_

I \_\_\_\_\_ feel that I have been Harassed and/or Intimidated by the  
Officers and/or Employees of \_\_\_\_\_ Railroad.

Please explain the situation/circumstances as accurately as possible;

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Name and Title of person(s) who harassed/intimidated you:

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Did this begin after the result of a reported incident or injury? Yes / No

Date the incident/injury occurred? \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of the injury/incident: \_\_\_\_\_

Were you threatened with discipline? Yes / No Explain: (by who, when, where, time)

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Contact Info: phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ address: \_\_\_\_\_

*IF YOU HAVE ANY OTHER COMMENTS PLEASE USE THE BACK OF THIS FORM AND PROMPTLY RETURN TO YOUR LOCAL LEGISLATIVE REPRESENTATIVE. IF ADDITIONAL ASSISTANCE IS NEEDED WITH THIS FORM, YOU MAY ALSO CONTACT YOUR STATE DIRECTOR AT THE INFORMATION PROVIDED BELOW.*

Signature: \_\_\_\_\_

Directions: When filling out this form from your computer, please save the copy, and upon completion forward in an email (*as an attachment*) to your Local Legislative Representative.



**Ken Menges: State Director**  
**SMART - TRANSPORTATION DIVISION**  
Missouri State Legislative Board  
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