**BEFORE THE
ADMINISTRATIVE HEARING COMMISSION
STATE OF MISSOURI**

ENTER NAME)
 )Petitioner, )
 )
 v. )
 )
ENTER STATE AGENCY )
 )
 Respondent. )

**COMPLAINT**

Petitioner appeals the attached notice from the state agency. In support of this appeal, Petitioner states:

1. Explain what action you are appealing.
2. Provide detailed facts why you are appealing.
3. Cite the law that you believe applies that supports your complaint, if known.
4. Explain how the law applies to the facts, if known.
5. Describe what relief you want from the Commission.

 Respectfully submitted,

 ENTER NAME

 ENTER ADDRESS

 ENTER PHONE NUMBER

 ENTER EMAIL

\*Attach the notice from the state agency being appealed and any supporting documents.