**BEFORE THE**

**ADMINISTRATIVE HEARING COMMISSION**

**STATE OF MISSOURI**

Enter Full Name,

)

)

)

)

)

)

)

)

)

)

Petitioner,

v.

Enter State Entity,

Respondent.

**COMPLAINT**

 Enter Full Name appeals the attached decision. In support of this Complaint, Petitioner states:

1. Explanation of 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.
4. Explanation of how the law applies to the facts.
5. Explanation of what relief Petitioner wants the Commission to order.

Respectfully submitted,

Date: Click here to enter a date. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Electronic Signature or Print and Sign

Employee Signature

Type Name

Type Street Address

Type City, State, Zip

Type Phone Number

Type Facsimile Number

Type E-Mail Address

**Attach any supporting documents.**