

**Missouri State University**

**Student Judicial System  
Complaint Form**

(Please Type or Print)

Name of

Complainant \_\_\_\_\_ SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ You are: Student Staff Faculty

(Circle One)

Name of Accused: \_\_\_\_\_

Address:

\_\_\_\_\_

Date, time, and place alleged violation(s) occurred:

\_\_\_\_\_

\_\_\_\_\_

Witnesses, if any, to the alleged violation: \_\_\_\_\_

\_\_\_\_\_

Concise description of the alleged

violation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(use additional pages as necessary)*

Physical evidence that will be

presented: \_\_\_\_\_

\_\_\_\_\_

I state that the above information is true and that I would like University charges filed against this individual (or organization). I understand that my name, and the names of my witnesses, will appear in the letter of disciplinary charges.

\_\_\_\_\_  
*Signature of Complainant*

\_\_\_\_\_  
*Date*

**Please return to: Student Judicial Programs, PSU #405, and address any questions to 836-6937.**