

# Missouri State University Complaint Form

Name of Complainant \_\_\_\_\_ M# \_\_\_\_\_

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

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

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

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

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

Witnesses to the alleged violation (witness consent forms must be attached for listed students):

\_\_\_\_\_  
\_\_\_\_\_

Concise description of the alleged violation (attach separate sheet if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physical items that will be presented in support of complaint: \_\_\_\_\_

If the accused pleads "responsible", what consequences do you recommend? \_\_\_\_\_

I understand that in compliance with the *Family Educational Rights and Privacy Act* (FERPA), Missouri State University must obtain written consent of a student before releasing personally identifiable data about the student from records, unless release of records falls within exceptions permitted in the provisions of FERPA and University policy which allow disclosure without prior written consent. The policy regarding personally identifiable student records is available in the Dean of Students Office, 4<sup>th</sup> floor Plaster Student Union, 417-836-5527 and on the Missouri State University web site at <http://www.missouristate.edu/registrar/ferpa.html>.

I state that the above information is true and that I would like University charges filed against this individual (or organization). Secondly, I authorize disclosure of my name and the nature of this complaint in conjunction with the conduct process.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date