



If you would like to request the Attorney General to file a complaint with the State Board of Education seeking discipline of a holder of a certificate of license to teach (§168.071.2, RSMo), please complete and mail this form to:  
Missouri Attorney General's Office • Attention: Teacher Certification Discipline • P.O. Box 899 • Jefferson City, MO 65102

### Petitioner's Information

YOUR NAME \_\_\_\_\_ POSITION \_\_\_\_\_

SCHOOL DISTRICT \_\_\_\_\_ DISTRICT LOCATION \_\_\_\_\_

### Teacher's Information

TEACHER'S NAME \_\_\_\_\_ PRIMARY PHONE NO. (    )    -

ADDRESS \_\_\_\_\_  
Street City State Zip County

SCHOOL WHERE TEACHER WAS/IS WORKING \_\_\_\_\_

SCHOOL'S ADDRESS \_\_\_\_\_  
Street City State Zip County

### Facts

**Specific subsection of §168.071.1, RSMo, under which petitioner believes teacher should be disciplined**

\_\_\_\_\_

**Statement of facts giving rise to this petition:** (You may attach a separate sheet of paper if you need more space below.)

Provide **copies** of any documents, including correspondence, notes, and minutes of meetings in your possession that petitioner believes provide information relevant to the allegations.

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

**Has law enforcement been involved in this matter? If so, please list each agency involved.** \_\_\_\_\_

\_\_\_\_\_



## Facts (Con't)

List every person having first-hand knowledge of facts giving rise to this petition (attach additional pages as needed):

NAME \_\_\_\_\_ POSITION \_\_\_\_\_ PHONE NO. (    )    -

ADDRESS \_\_\_\_\_  
Street City State Zip County

NAME \_\_\_\_\_ POSITION \_\_\_\_\_ PHONE NO. (    )    -

ADDRESS \_\_\_\_\_  
Street City State Zip County

NAME \_\_\_\_\_ POSITION \_\_\_\_\_ PHONE NO. (    )    -

ADDRESS \_\_\_\_\_  
Street City State Zip County

Is there any other civil or criminal litigation involving any aspect of the facts raised by this petition? If so, to the best of your knowledge, please list the names of all cases and courts in which such litigation is pending.

CASE NAME \_\_\_\_\_ COURT \_\_\_\_\_

CASE NAME \_\_\_\_\_ COURT \_\_\_\_\_

CASE NAME \_\_\_\_\_ COURT \_\_\_\_\_

## Verification Statement

SUBMITTED BY \_\_\_\_\_ PHONE NO. (    )    -

ADDRESS \_\_\_\_\_  
Street City State Zip County

I attest that I am authorized to petition the Attorney General of Missouri by a majority of the Board of Education of

\_\_\_\_\_

YOUR SIGNATURE \_\_\_\_\_ DATE   /   / 20      
MM / DD / YYYY

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_ (Notary Public)

**Please Note:** The AGO will consult with the Department of Elementary and Secondary Education. The AGO's filing of a complaint with the State Board of Education is discretionary.