

Complaint #:  
Date Complaint Received:

## COMPLAINT FORM

Mail or Email to:

COMPLIANCE UNIT

PO BOX 200514

HELENA MT 59620-0514

Email: [dlibsdc complaints@mt.gov](mailto:dlibsdc complaints@mt.gov)

Our complaint process can be found at:

<https://bsd.dli.mt.gov/filing-complaints>

### COMPLAINT MADE AGAINST

NAME:	LICENSE#:	
PROFESSION or OCCUPATION TYPE:		
BUSINESS (if applicable):		
ADDRESS:		
CITY:	STATE	ZIP

### PERSON MAKING COMPLAINT

NAME	PHONE	
ADDRESS		
EMAIL ADDRESS		
CITY	STATE	ZIP

#### INSTRUCTIONS FOR COMPLETION: READ CAREFULLY

*The information you provide must be written legibly and contain enough detail for the board to evaluate whether your complaint alleges a violation of board law or rule. Supply all information that you believe may be important for the board to consider. Answer the following questions and describe your complaint on the reverse side. Provide copies of evidence in your possession that relate to the alleged misconduct (for example, photographs, medical records, contracts, correspondence, etc.). Your complaint will be forwarded to the licensee unless confidentiality restrictions apply*

1. DATE(s) OF CONDUCT, OR DATE CONDUCT BEGAN IF CONTINUING:
2. LOCATION OF CONDUCT:
3. ARE YOU A WITNESS TO THE CONDUCT?      Yes      No
4. HOW DID YOU BECOME AWARE OF THE CONDUCT?
5. NAMES, ADDRESSES, PHONE NUMBERS OR OTHER CONTACT INFORMATION OF PERSON WHO MAY HAVE EVIDENCE TO PROVE THE CONDUCT:

6. FULLY EXPLAIN YOUR COMPLAINT. DESCRIBE EVENTS IN THE ORDER IN WHICH THEY OCCURRED AND USE ADDITIONAL PAGES IF NECESSARY:

*By signing below, I affirm that this complaint is true and correct to the best of my knowledge; and that I authorize that Department to use my name and personal information for the purposes to investigate or prove misconduct allegations.*

**SIGNATURE**

**DATE:**