



FOR OFFICE USE ONLY
Complaint # _____
Date Received: _____

COMPLAINT FORM

Mail or Email to:
COMPLIANCE UNIT
PO BOX 200514
HELENA MT 59620-0514
email:dlibsdc Complaints@mt.gov

COMPLAINT MADE AGAINST		
NAME	LICENSE #	
PROFESSION or OCCUPATION TYPE		
BUSINESS (if applicable)		
ADDRESS		
CITY	STATE	ZIP
PERSON MAKING COMPLAINT		
NAME	PHONE	
ADDRESS	EMAIL	
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 PERSONS WHO MAY HAVE EVIDENCE TO PROVE THE CONDUCT: _____

OVER

