



Montana Department of LABOR & INDUSTRY

Business Standards Division

OPERATIONS BUREAU

301 S PARK AVENUE PO BOX 200514

HELENA MT 59620-0514

Phone: (406) 841-2333 Fax: (406) 841-2363

FOR COMPLIANCE USE ONLY

Complaint # _____

Date Received: _____

COMPLAINT AGAINST: _____ LICENSE #: _____

PROFESSION / OCCUPATION TYPE: _____

BUSINESSES: _____

ADDRESS: _____ / _____
Street or PO Box City State Zip Code

NATURE OF COMPLAINT: Please describe in detail the nature of the complaint, giving dates and other information. If service is part of the complaint, give information about telephone calls, contracts, etc. Text is limited to 970 characters so an additional sheet is acceptable. Please state "See attached document"

LIST OF WITNESSES AND EVIDENCE: Text is limited to 200 characters so an additional sheet is acceptable. Please state "See attached document"

WHAT ACTION ARE YOU REQUESTING OF THE BOARD OR DEPARTMENT?

COMPLAINANT INFORMATION

YOUR NAME _____

PHONE#: _____

YOUR MAILING ADDRESS _____
Street or PO Box

_____ City/State

_____ Zip Code

YOUR E-MAIL ADDRESS _____

YOUR SIGNATURE: _____

DATE: _____