



**STATE OF MONTANA
DEPARTMENT OF LABOR AND INDUSTRY
BUILDING CODES BUREAU
301 S PARK, 4th FLOOR
PO BOX 200517
HELENA, MONTANA, 59620-0517
Phone: (406)841-2056 Fax: (406)841-2050**

FOR COMPLIANCE USE ONLY
Complaint # _____
Date Received: _____

COMPLAINT AGAINST: _____ LICENSE #: _____

PROFESSION / OCCUPATION TYPE: _____

BUSINESSES: _____

ADDRESS: _____ / _____

Street or PO Box City State Zip Code

If Applicable:
PATIENT NAME: _____

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. Attach additional sheet(s), if necessary. (Maximum characters: 950)

LIST OF WITNESSES AND EVIDENCE:

WHAT ACTION ARE YOU REQUESTING OF THE BOARD OR DEPARTMENT?

YOUR NAME (complainant): _____ **PHONE#:** _____

Please Print

YOUR ADDRESS (complainant): _____

Street or PO Box City/State Zip Code

YOUR SIGNATURE: _____ **DATE:** _____

I hereby authorize that all of my protected health information maintained by any and all of my healthcare providers and that all of my health information maintained by any and all of my healthcare providers be furnished to the above-named licensing board and/or its agents. This authorization shall remain in effect until the licensing board has concluded all actions concerning this complaint.

COMPLAINANT'S SIGNATURE: _____ DATE: _____