



**STATE OF MONTANA  
DEPARTMENT OF LABOR AND INDUSTRY  
BUSINESS STANDARDS DIVISION  
301 S PARK, 4th FLOOR  
PO BOX 200513  
HELENA, MONTANA, 59620-0513  
Phone: (406) 841-2333 Fax: (406) 841-2363**

<b>FOR COMPLIANCE USE ONLY</b>
Complaint # _____
Date Received: _____

COMPLAINT AGAINST: _____	LICENSE #: _____
PROFESSION / OCCUPATION TYPE: _____	
BUSINESS / FIRM NAME: _____	PHONE #: _____
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. Attach additional sheet(s), if necessary.

**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

I hereby authorize the licensee to release any and all information to the above-named board or its agents. The facts and matters contained herein are true, accurate and correct to the best of my knowledge.

**YOUR SIGNATURE** (*complainant*): \_\_\_\_\_ **DATE:** \_\_\_\_\_