



Central Montana
Environmental Health

Musselshell, Wheatland, Judith Basin, Golden Valley & Petroleum Counties

Complaint Form

Date: _____ **County:** _____

Owner Name and Address/Location of Complaint:

Name: _____

Address: _____

Phone: _____

Nature of Complaint: Please be as specific as possible and provide any evidence (photographs, etc) in order for us to proceed with the investigation.

Contact Information: Please understand that if you would like to submit an anonymous complaint, no further contact will be made with you in regard to this matter.

Name: _____

Address: _____

Phone: _____

Email: _____

For Office Use Only:

Date Complaint was received:

Received By:

Referred to:

Investigative Notes:

