

**INTERNET COMPLAINT FORM
LICENSED ESTABLISHMENTS**

Complete the form and mail or bring in to: **Missoula City-County Health Department, Environmental Health Division, 301 W. Alder, Missoula, MT 59802-4123**

DATE: _____

TIME: _____

COMPLAINANT INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____

DEFENDANT INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____

NATURE OF COMPLAINT

FOR OFFICE USE ONLY

COMPLAINT ABOUT (CIRCLE ONE)

DAY CARE (D) HOTEL/MOTEL (H) JAIL (J) RESTAURANT (R) SCHOOL (S)
TRAILER COURT/CAMPGROUND (T) OTHER _____ (OT)

DISPATCHED TO: _____

ACTION TAKEN

DATE RESPONDED TO: _____ TOTAL TIME (MIN): _____

RESPONDING EMPLOYEE: _____