



MONTANA CLEAN INDOOR AIR ACT
Complaint Form

Please return form to:
Montana Tobacco Use Prevention Program
PO Box 202951
Helena, MT · 59620-2591

Today's Date: ___/___/____ (MM/DD/YYYY)

COMPLAINT INFORMATION:

If you would like to file a complaint, please complete the form below. You must provide your name, address, and phone number for your complaint to be considered evidence of a violation. We cannot accept anonymous complaints.

All complaints concerning violations of the Montana Clean Indoor Air Act are a matter of public record.

* REQUIRED FIELD

Business Name*: _____

Date Complaint Observed*: ___/___/____ (MM/DD/YYYY)

Complaint (Please describe what you observed)*:

Type of business : _____

Business Address: _____

City*: _____ State: **Montana** Zip code: _____

Business Phone Number: (____) _____ - _____ Ext. _____

COMPLAINT REPORTED BY:

Your Name (First Name and Last Name)*: _____

Address*: _____

City*: _____ State*: _____ Zip code*: _____

Phone number*: (____) _____ - _____ Ext. _____

Signature*: _____

OFFICE USE ONLY:

Data entered into CARS: ___/___/____ (MM/DD/YYYY) CARS complaint number: _____