



**STATE OF MONTANA
DEPARTMENT OF LABOR AND INDUSTRY
PROFESSIONAL/OCCUPATIONAL LICENSING BUREAU
301 S PARK, 4th FLOOR
PO BOX 200513
HELENA, MONTANA, 59620-0513
Phone: (406) 841-2300 Fax: (406) 841-2363**

FOR COMPLIANCE USE ONLY
Complaint # _____
Date Received: _____

COMPLAINT AGAINST: _____ LICENSE #: _____

PROFESSION / OCCUPATION TYPE: _____

BUSINESSES: _____

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. (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:** _____