



Richland County Health Department
Complaint Form

Today's date:

Location of Complaint:

Name: _____

Address: _____

Phone: _____

Details of Complaint: Please be as specific as possible and provide any evidence (photographs, etc) in order for us to proceed with the investigation. Attach additional pages if necessary.

Contact Information: If you choose to submit an anonymous complaint, we cannot contact you to seek additional information.

Name:

Address:

Phone:

Email:

Submit this form and supporting information in one of the following ways:

- Via email to Stephanie.ler@richland.org
- Via fax to 406-433-6895
- Via USPS to Richland County Health Department, 1201 West Holly, Suite 1, Sidney MT 59270
- In person at 1201 West Holly, Suite 1, Sidney



Richland County Health Department Complaint Form

For Office Use Only:

Date Complaint was received:

Received By:

Referred to:

Investigative Notes:

Conclusion: