YELLOWSTONE COUNTY
Complaint/Corrective Action Form

Name:			
Address:	City:	State:	Zip:
Business Address:	City:	State:	Zip:
Home Phone:	Business Phone:	Email address:	
Date/Time Issue Occurred:	Location of Occurrence:		
County Department Involved :			
Narrative:			
Signature:	Date:		

All information you submit to Yellowstone County in this process will become public record. By filing this form, you acknowledge that **YOU HAVE NO RIGHT TO CONFIDENTIALITY** in the information disclosed.

Mail to:
Yellowstone County BOCC
P.O. Box 35000
Billings, MT 59107
Or email to commission@yellowstonecountymt.gov

Office Use Only:

Date/Time Received:	Received by (Employee First Initial, Last Name or ID #):	Employee Department:	
How Received: In Person ☐ By Phone ☐ By Mail ☐ By Email ☐ Other :	Forwarded to (Name, Department):	Date Forwarded to Department:	
Action Taken:			
Signature of Department Head:	Date Returned to BOCC:	Date Received by BOCC:	

Email Completed Form