

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:
<p>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.</p>			
<p>Mail to: Yellowstone County BOCC P.O. Box 35000 Billings, MT 59107 Or email to commission@co.yellowstone.mt.gov</p>			
Office Use Only:			
Date/Time Received:	Received by (Employee First Initial, Last Name or ID #):	Employee Department:	
How Received: In Person <input type="checkbox"/> By Phone <input type="checkbox"/> By Mail <input type="checkbox"/> By Email <input type="checkbox"/>		Forwarded to (Name, Department):	Date Forwarded to Department:
Other :			
Action Taken:			
Signature of Department Head:		Date Returned to BOCC:	Date Received by BOCC: