

MONTANA CLEAN INDOOR AIR ACT Complaint Form

Please return form to:

Montana Tobacco Use Prevention Program
PO Box 202951
Helena, MT · 59620-2591

BUSINESS COMPLAINT INFORMATION

*Business Name: _____
 *Business Address _____ City: _____ State: MT Zip: _____
 Business Phone Number: _____ Type of Business: _____
 *Date Complaint Observed: _____ County: _____

CHECK EACH BOX THAT APPLIES

Actionable Complaints: No Visible "No Smoking" signs Active Smoking
 Evidence of smoking (ashtrays, cigarette butts, etc.)

COMPLAINT INFORMATION

Description: (Please describe what you observed)

Your Contact Information:

I would like to remain anonymous (if you check this box you do not need to complete the information below. The complaint will be considered a non-valid complaint until a Tobacco Prevention Specialist contacts the establishment and observes a violation first hand).

Your Name (First and Last

Name)* _____

Address* _____

City* _____ State* _____ Zip Code* _____

Phone (including area code)* _____