



## DEER LODGE MONTANA- Citizen Complaint Form

All information must be fully filled out before this Citizen Complaint will be accepted by the City and provided to the relevant department for investigation.

Date: \_\_\_\_\_

Received by: \_\_\_ fax \_\_\_ email \_\_\_ in person

### COMPLAINANT CONTACT INFORMATION:

Complainant's name: \_\_\_\_\_

Complainant's address (physical and mailing): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**TYPE OF ALLEGATION:** \_\_\_\_\_

\_\_\_\_\_

**LOCATION OF OCCURRENCE:** \_\_\_\_\_

\_\_\_\_\_

**DATE OF OCCURRENCE:** \_\_\_\_\_ Time: \_\_\_\_\_  am or  pm

### WITNESSES:

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

*(Please turn page to fill out the rest of the complaint form)*

**DESCRIPTON OF ALLEGATION/ STATEMENT OF COMPLAINT**

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(If more space is needed, please use and attach additional sheet(s) of paper).

**COMPLAINANT AFFIRMATION**

I, \_\_\_\_\_, do hereby affirm that the foregoing information is true and complete to the best of my knowledge and belief. I understand that making false or misleading, or untrue statements or writing to any person(s) investigating this complaint, may subject me to civil prosecution by the accused or criminal prosecution by the City and/or State.

I realized that it may become necessary, during the investigation of this complaint, for me to meet with City or County Law Enforcement officers or other staff to discuss the complaint. I further realize that I must be willing and able to attend court and provide sworn testimony to the facts that are contained within this complaint if necessary.

**Please return this form to City Hall, 300 Main Street, Deer Lodge, MT 59722.**

**If you have any questions, contact City Hall at (406) 846-2238.**

**COMPLAINANT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THIS COMPLAINT FORM IS A PUBLIC RECORD**

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Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Provided to relevant department on this date \_\_\_\_\_ by \_\_\_\_\_.