



A RESOURCE FOR HEALTHY LIVING FROM THE GALLATIN CITY-COUNTY HEALTH DEPARTMENT

HUMAN SERVICES • 406.582.3100, hs@gallatin.mt.gov
ENVIRONMENTAL HEALTH • 406.582.3120, ehs@gallatin.mt.gov
WIC • 406.582.3115, wic@gallatin.mt.gov

healthygallatin.org

Gallatin City-County Health Department
Service/Conduct Complaint Form

Name:

Phone Number:

Email:

Date of Incident:

Location:

Persons Involved:

Witnesses:

Describe the nature of your complaint. Please be as specific as possible (attach additional pages if necessary):

Specify corrective action you are seeking (attach additional pages if necessary):

Signature _____ Date _____

Complaints should be submitted within 30 calendar days from the date of when the incident occurred.
GCCHD will respond to the complaint no later than 30 calendar days from receipt of the complaint.

Please mail this completed form to:
Gallatin City-County Health Department, attn. Health Officer
215 W Mendenhall, Bozeman MT 59715

215 W. MENDENHALL, BOZEMAN MT 59715

