

COMPLAINT/SPILL REPORT
MONTANA DEPT. OF ENVIRONMENTAL QUALITY
(INSTRUCTIONS ON BACK)

PLEASE FILL OUT AS COMPLETELY AS POSSIBLE	Complaint Report? Y__ N__ Spill Report? Y__ N__ Method of Receipt: Phone ___ Mail ___ Field ___ Other ___		
Report Completed By:		Bureau/Program:	
Report Date:	Time:	Phone:	
COMPLAINANT INFORMATION	Name:		Phone:
Address:		Zip:	Reply Requested? Y__N__
Other Agencies Contacted By Complainant:			Anonymity Requested? Y __ N__
REPORTING INFORMATION	Responsible Party (person or company):		
Mailing Address:		Zip:	
Contact Person:			Phone:
Complaint/Spill Location:			Incident County:
Facility ID:			
Driving Directions:			
Detailed Site Location: T: _____ R: _____ Section: _____ Sec. _____ Lat: _____ Long: _____ GIS: _____			
DESCRIPTION OF INCIDENT	Date observed: _____		Duration of activity: _____
Describe Complaint:			
Impact to: Soil ___ Water ___ Air ___ Other ___		Water Body Name:	
Type and Amount of Pollutant:			
MCA/ARM Violation Citation:			
INITIAL ACTIONS/ RECOMMENDATIONS			
ENFORCEMENT DIVISION USE ONLY		Complaint/Violation ID#:	
Complaint Type:	Assign:	Status:	Referred:
FITS Site Name:		Incident Site Name:	

