



Powder River City-County Health Department

507 N. Lincoln Broadus, MT 59317

Phone 406-436-2297 Fax 406-436-2315

COVID-19 Directives Violation Complaint Form

Name(s) of alleged violators/businesses:

Physical address of alleged violation:

Detailed description of alleged violation:

*Additional information may be included on a separate sheet of paper and attached to this form. Include any documentation or information you may have regarding the violation.

Reporting Source Name: _____

Reporting Source Address: _____

Reporting Source Phone Number: _____

Reporting Source Email Address: _____

*Anonymous complaints will not be accepted

Return this form in a sealed envelope, addressed to 'Health Board', in the drop box at the Broadus Town Office or Fax to 436-2315



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COVID-19 DIRECTIVE COMPLAINT

If you believe a Powder River County business is not following the Governor's most recent directive, please do the following:

1. **Read the Directive** to determine if the complaint is valid.
2. File a complaint using the **COVID-19 Directives Violation Complaint Form**.
3. When the form is completed, please fax the completed form to 406-436-2315 or place in a sealed envelope, addressed to Health Board, and put in Broadus Town Office drop box.

*Please note that no anonymous complaints will be taken.