

**COMPLAINT/SPILL REPORT**  
**MONTANA DEPT. OF ENVIRONMENTAL QUALITY**

<b>PLEASE FILL OUT AS COMPLETELY AS POSSIBLE</b>		<b>Complaint Report? Y__ N__</b>		<b>Spill Report? Y__ N__</b>	
		<b>Method of Receipt: Phone ___ Mail ___ Field ___ Other</b>			
Report Completed By:			Bureau/Program:		
Report Date:	Time:	Phone:			
<b>COMPLAINANT INFORMATION</b>	Name:			Phone:	
Address:		Zip:	Reply Requested? Y__N__		
Other Agencies Contacted By Complainant:				Anonymity Requested? Y __ N__	
<b>REPORTING INFORMATION</b>	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: _____ Lat: _____ Long: _____ GIS: _____					
<b>DESCRIPTION OF INCIDENT</b>	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:					
<b>INITIAL ACTIONS/ RECOMMENDATIONS</b>					
<b>ENFORCEMENT DIVISION USE ONLY</b>			Complaint/Violation ID#:		
Complaint Type:	Assign:	Status:	Referred:		
FITS Site Name:			Incident Site Name:		

