Montana Mental Disabilities Board of Visitors

Complaint/Grievance Form

Thank you for letting us know about your concerns through the use of our form. We are committed to resolving conflicts in a consistent, professional, and timely manner. **You will not be punished or retaliated against for using this form.**

Client name: _____
(please print)

Address: _____

City/State/Zip code: _____

Telephone number: _____

Describe the nature of your complaint or grievance (use additional paper, if needed):

_____

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Date: _____

You may mail this form to our office or call us directly: **406-444-5278**

Executive Director
Mental Disabilities Board of Visitors
P. O. Box 200804
Helena, MT 59620-0804

For BOV office use only:

Date received: _____

Action taken: _____

_____

_____

_____

Employee: _____

Date response provided: _____