

**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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_