



MONTANA  
**TOBACCO USE  
 PREVENTION PROGRAM**

**MONTANA CLEAN INDOOR AIR ACT  
 Complaint Form**



**Please return form to:**  
 Montana Tobacco Use Prevention Program  
 PO Box 202951  
 Helena, MT · 59620-2591

**BUSINESS COMPLAINT INFORMATION**

**\*Business Name:** \_\_\_\_\_

**\*Business Address** \_\_\_\_\_ **City:** \_\_\_\_\_ **State: MT** **Zip:** \_\_\_\_\_

**Business Phone Number:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

**\*Date Complaint Observed:** \_\_\_\_\_ **County:** \_\_\_\_\_

**CHECK EACH BOX THAT APPLIES**

**Actionable Complaints:**

- No visible “no smoking” signs
- Active tobacco smoking
- Active e-cigarette or vaping use (only considered a violation in select [Montana counties](#))
- Active marijuana smoking
- Presence of marijuana smoke
- Evidence of tobacco smoking (ashtrays, cigarette butts, presence of tobacco smoke)

**COMPLAINANT INFORMATION**

**Description: (Please describe what you observed)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Your Contact Information:**

**I would like to remain anonymous** (if you check this box you do not need to complete the information below. The complaint will be considered a non-valid complaint until a Tobacco Education Specialist contacts the establishment and observes a violation first hand).

**Your Name (First and Last Name)\*** \_\_\_\_\_

**Address\*** \_\_\_\_\_

**City\*** \_\_\_\_\_ **State\*** \_\_\_\_\_ **Zip Code\*** \_\_\_\_\_

**Phone (including area code)\*** \_\_\_\_\_

**Montana Tobacco Use Prevention Program**  
 1-866-787-5247 • [infotobaccofree@mt.gov](mailto:infotobaccofree@mt.gov) • [tobaccofree.mt.gov](http://tobaccofree.mt.gov)