Lincoln County Health Department
418 Mineral Avenue
Libby, MT 59923
Phone: (406) 283-2442
Fax: (406) 293-5640
www.lincolnmthealth.com

Initial Contact Report

INITIAL CONTACT REPORT

Instruction: ***The top portion of this report must be completed at the time the complaint is received. All complainant information shall be documented accurately and in full.***

I. COMPLAINANT INFORMATION *(To Be Completed Upon Receipt of Complaint)*

Name:
Address: _____
Telephone Number: _____

II. ALLEGED VIOLATOR INFORMATION

Name: _____
Address: _____
Telephone Number: _____

III. COMPLAINT DETAILS

Date Complaint Received:
Location of Alleged Violation:

Nature of Complaint:

IV. INVESTIGATIVE ACTIONS TAKEN

(To Be Completed by the Environmental Health Department)

Description of Investigation:

V. INVESTIGATOR INFORMATION

Investigator(s): Maranda Davis, Environmental Health Technician
Date of Investigation:

VI. FINDINGS / ADDITIONAL NOTES

VII. DISPOSITION (if applicable)

☐ **No Violation Observed**

☐ **Violation Observed**

☐ **Referred for Further Investigation**

☐ **Other: _____**