

Office of the Sheriff of Phillips County
Complaint Form



Sheriff Thomas Miller
314 S. 2nd Ave. West,
Malta Mt. 59538
Telephone: (406) 654-2350
Fax: (406) 654-1213

CASE NUMBER: _____ Date: _____ Time: _____

Complainant's Name: _____ DOB: _____
Phone number: _____ Address: _____

Complaint in regards to: *(please circle those that apply)*
BARKING DOG: LOUD MUFFLERS: TRAFFIC: PARKING: DISORDERLY CONDUCT: STALKING:
HARASSING PHONE CALLS: THEFT: *(ID or Property)* TRESPASSING: NEIGHBOR ISSUES: OTHER:

Please include description of any vehicles, animals, or person/persons involved of who/what complaint is about, include names/license plates if known). Please use other side of form if more room needed.

Reason for complaint: _____

Signature of Complainant: _____ Date: _____

Investigating Deputy's remarks: _____

Deputy Signature: _____ Date: _____

Reviewed by: _____ Date: _____