

Office of the Sheriff of Phillips County
Complaint Form



Sheriff Scott Moran
314 S. 2nd Ave. West,
Malta Mt. 59538
(406) 654-2350

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: TRESPASSING: OTHER:

(Please include description of any vehicles, animals, or person/persons involved of who/what complaint is about, include names/license plates if known).

Reason for complaint: _____

Signature of Complainant: _____ Date: _____

Investigating Deputy's remarks: _____

Deputy Signature: _____ Date: _____

Reviewed by: _____ Date: _____