

# INFORMAL COMPLAINT

Mail form to:

## Flathead Reservation Office of the Water Engineer

PO Box 37, Ronan, MT 59864

For questions contact: [contact@frwmb.gov](mailto:contact@frwmb.gov) or (406) 201-2532

Use this form to file an informal complaint with the Office of the Water Engineer regarding water use on the Flathead Reservation.

### OFFICE OF THE ENGINEER USE ONLY

**IMPORTANT:**

- Formal complaints against water appropriators should be submitted on form No. 609F – Water Use Complaint.

Date Rec'd \_\_\_\_\_

Rec'd By \_\_\_\_\_

**Name of Filing Party:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Name of Party Causing Harm:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Location Of Water Use Complaint:** *(You may attach a map to aid in your description.)*

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

\_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Section \_\_\_\_\_ Township \_\_\_\_\_ N/S \_\_\_\_\_ Range \_\_\_\_\_ E/W \_\_\_\_\_

County: \_\_\_\_\_ Geocode: \_\_\_\_\_

Street Address (city, state, zip): \_\_\_\_\_

**Describe the Nature of the Complaint:** (Please attach additional materials or information and provide pertinent water right numbers. Please provide a preferred remedy to this complaint.)

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**Signature:** *I declare under penalty of perjury that the statements appearing here are, to the best of my knowledge, true and correct.*

Printed Name of Complainant \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Complainant \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_