



Copy of COVID-19 Directives Violation Complaint Form

* 1. **DISCLAIMER:** All information received by the Pondera County Health Department regarding compliance with Governor Bullock’s Directive is public record. Therefore, the Department may be required to release information about your concern or comment and any subsequent information regarding violations to the directive *

I have read the disclaimer and agree to the terms above.

* 2. **Reporting Sources Name**

First Name

Last Name

* 3. **Date**

Date / Time

Date

* 4. **Reporting Sources Phone Number**

* 5. **Reporting Sources Email**

* 6. **Reporting Sources Address**

* 7. **Name of alleged violators/businesses**

8. Phone Number of alleged violators/businesses

* 9. Physical address of alleged violation:

* 10. Detailed description of alleged violation:

11. Will you be submitting additional files?

Yes

No

12. File Upload

Choose File

Choose File

No file chosen