

# 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 USE ONLY

#### IMPORTANT:

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

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

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

1. **NAME OF FILING PARTY:** \_\_\_\_\_

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

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

2. **NAME OF PARTY CAUSING CONFLICT:** \_\_\_\_\_

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

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

3. **LOCATION OF WATER USE THAT IS CAUSING CONFLICT:**

*(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): \_\_\_\_\_

4. **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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5. **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 \_\_\_\_\_