



# YELLOWSTONE COUNTY

## Compliment Form



Name:			
Address:		City:	State: Zip:
Business Address:		City:	State: Zip:
Home Phone:	Business Phone:	Email address:	
Date/Time Noted:	Would you like to mention an employee:		
County Department Involved :			
Details of your compliment:			
Signature:			Date:
<p>All information you submit to Yellowstone County in this process will become public record. By filing this form, you acknowledge that <b>YOU HAVE NO RIGHT TO CONFIDENTIALITY</b> in the information disclosed.</p>			
<p>Mail to:  Yellowstone County BOCC  P.O. Box 35000  Billings, MT 59107  Or email to <a href="mailto:commission@yellowstonecountymt.gov">commission@yellowstonecountymt.gov</a></p>			
Office Use Only:			
Date/Time Received:	Received by (Employee First Initial, Last Name or ID #):		Employee Department:
How Received: In Person <input type="checkbox"/> By Phone <input type="checkbox"/> By Mail <input type="checkbox"/> By Email <input type="checkbox"/>	Forwarded to (Name, Department):		Date Forwarded to Department:
Other :			
Notes:			
Signature of Department Head:		Date Returned to BOCC:	Date Received by BOCC: