



318 SOUTH CENTRAL AVENUE  
P.O. BOX 426  
FAIRVIEW, MT 59221

Ph: 406-742-5616  
Fax: 406-742-5480  
[cityhall@fairviewmt.gov](mailto:cityhall@fairviewmt.gov)

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## COMPLAINT POLICY

The Town of Fairview will formally investigate properly submitted allegations and inquiries for the following reasons:

1. To protect the citizens of Fairview from misconduct by any employee;
2. To protect the employees of the Town of Fairview who conduct themselves appropriately;
3. To identify policies and procedures that may need to be reviewed or changed to improve the community.

Although the Town encourages citizens to report employee misconduct, complaints must be made in good faith. Any individual who willfully makes any false accusation for the purpose of discrediting or retaliating against an employee may be prosecuted under Montana Code Annotated 45-7-201 (Perjury), 45-7-202 (False Swearing), or 45-7-203 (Unsworn Falsification to Authorities).

### How to initiate a complaint

1. Mail or hand-deliver the completed Town of Fairview Employee Complaint Form in a sealed envelope during business hours to Town Hall at 318 South Central Avenue, P.O. Box 426, Fairview, MT 59221. Please put: ATTN: Mayor on the envelope. You may also email it to: [fairviewmtmayor@gmail.com](mailto:fairviewmtmayor@gmail.com).
2. **No complaints will be accepted verbally, in person or over the phone.** Depending on the severity of your complaint, you may be asked to provide additional written or taped statements of your complaint in more detail concerning the incident and why you believe the employee's conduct is inappropriate.
3. Complaints should be made by the person aggrieved or wronged. Third party complaints and anonymous complaints will be accepted, but anonymous complaints can be difficult to investigate because additional information may be required and the complaining party may be the only source available.
4. Your complaint will be evaluated and investigated according to the Town of Fairview Personnel Policy Manual. You will likely be contacted for an interview by the investigator.
5. If your complaint is an allegation of criminal activity, the investigation may be referred to an outside agency.

## Findings

<b>Inquiry</b>	If it is determined (or explicitly stated) that a citizen is requesting clarification of a policy or procedure by submitting a complaint form, that complaint may be closed considered as an Inquiry.
<b>No Finding</b>	The investigation cannot proceed because: 1) the complainant failed to disclose required information to complete the investigation, 2) the complainant wishes to withdraw the complaint, 3) the complainant is anonymous or unavailable for clarification. This finding may also be used when the information provided is not sufficient to determine the identity of the employee(s) involved.
<b>Exonerated</b>	The acts that formed the basis for the complaint or allegation did occur, but were justified, lawful, and proper according to department policy, standard operating procedures, or a full review of the facts and circumstances.
<b>Not Sustained</b>	The investigation failed to uncover sufficient evidence to clearly prove or disprove the allegations made.
<b>Sustained</b>	The investigation disclosed a preponderance of evidence to prove the allegation(s) made. Discipline may be imposed according to the Town of Fairview Personnel Policy Manual.
<b>Unfounded</b>	The investigation conclusively proved by a preponderance of the evidence that the allegation(s) complained of did not occur.

You will be informed of the finding within 30 days after a finding is made. In accordance with the law and to respect an employee's privacy, the Town of Fairview cannot release what specific discipline was imposed. If you are dissatisfied with the results of the investigation, you may contact the Town Attorney for information on escalating the situation.

Please fill out the attached form completely and describe in detail the incident that led to this complaint. Please be as clear and specific as possible. If you do not know the name(s) of the employee(s) involved, please try to describe the individual in detail to the best of your ability. Please type or print clearly.

# TOWN OF FAIRVIEW EMPLOYEE COMPLAINT FORM

Initial Complaint

Request for Appeal

Complaint # \_\_\_\_\_

[For internal use only]

<b>Name</b>	<b>Address</b>
<b>Telephone Number</b>	<b>Best Time to Contact</b>
<b>Date and Time of Incident</b>	<b>Location of Incident</b>

I declare, under penalty of perjury, that the foregoing is true and correct.

\_\_\_\_\_  
**Signature**

**Date:** \_\_\_\_\_

### Statement of Complaint

Please state in exact detail what occurred, names of all witnesses who observed the incident, names or identifying information of all employees who engaged in the incident giving rise to this Complaint and a description of the actions that occurred. Describe any injuries you suffered and all other facts relating to the incident. Provide/attach any reports or documentation, such as photographs, medical records, recordings, etc., which relate to this incident. Continue your statement on additional sheets of paper if needed and attach to this form.

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