Civil Rights Complaint Form

First line complaints can be directed to:
Briana Smith, General Manager, Capacity Builders Inc.
b.smith@capacitybuilders.info or 505-325-3409 or dropped off at: 210 N.
Auburn, Farmington, NM 87401.

Second line complaints can be directed to:
Andrew Montoya, Transit Administrator, City of Farmington
amontoya@fmtn.org or 505-599-8221 or submitted to 101 N. Browning
Parkway, Farmington, NM 87401.

Complaints can also be filed in writing using the Complaint Form and sending it
to: Director Human Resources Department 800 Municipal Drive Farmington, NM
87401. Verbal complaints will be accepted and transcribed by the Human
Resources Director. To make a verbal complaint, call (505) 599-1132 and ask for
the Director of Human Resources. You also have the right to file a complaint
with an external entity such as the Department of Transportation (DOT), a
federal or state agency, or a federal or state court. Should a complaint be filed
with CITY OF FARMINGTON and an external entity simultaneously, the external
complaint shall supersede the CITY OF FARMINGTON complaint and the CITY OF
FARMINGTON’s complaint procedures will be suspended pending the external
entity’s findings.

Section 1
I believe that I have been (or someone else has been) discriminated against on the basis
of:

☐ Race / Color / National Origin
☐ Disability
☐ Not Applicable
☐ Other (specify)

[Box for internal comments or additional information]
I believe that a public transit provider has failed to comply with the following program requirements:

☐ Disadvantaged Business Enterprise
☐ External Equal Employment Opportunity
☐ Not Applicable
☐ Other (specify) ______________________________________________________________________

Section II

Name: ______________________________________________________________________________
Street Address: ______________________________________________________________________
City: __________ State: __________________________________________________________________
Zip Code: __________________________________________________________________________

Telephone Numbers:
   Home: _____________________________________________________________________________
   Cell: _____________________________________________________________________________

E-Mail Address: ______________________________________________________________________

Accessible format requirements:
   Large Print ☐
   Not Applicable ☐
   Other ☐ __________________________________________________________________________

Section III

Are you filing this complaint on your own behalf?

Yes ☐ No ☐

[If you answered "yes" to this question, go to Section IV.]
If not, please supply the name and relationship of the person for whom you are complaining:


Please explain why you have filed for a third party:


Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party:

Yes ☐  No ☐

Section IV

Have you previously filed a civil rights complaint with FTA?

Yes ☐  No ☐

If yes, what was your FTA Complaint Number?


Have you filed this complaint with any of the following agencies?

Transit Provider ☐  Department of Transportation ☐
Department of Justice ☐  Equal Employment Opportunity Commission ☐
Other ☐

If yes, please attach a copy of any response you received to your previous complaint.

Have you filed a lawsuit regarding this complaint?

Yes ☐  No ☐

If yes, please provide the case number and attach any related material.


Note: FTA encourages, but does not require, riders to first file complaints with their local transit agencies to give them an opportunity to resolve the issue.
Section V

Name of public transit provider complaint is against:

Contact person: [ ] Title: [ ]

Telephone number: [ ]

Section VI

May we release your identity and a copy of your complaint to the transit provider?

Yes [ ] No [ ]

Note: We may be unable to investigate your allegations without permission to release your identity and complaint.

Please sign here: ________________________________

Date: __________________________

Note: We cannot accept your complaint without a signature.