



City of Farmington
Community Relations Commission

P.O. Box 192, Farmington, NM 87499
Message Center: 599-8442

COMPLAINT FORM

Name		Phone
Address		City
State	Zip	E-mail
If needed, name of person who knows where to contact you:		
Phone	Address	

Name of person, agency or institution you are filing a complaint against		
Address		City
State	Zip	Phone
Is this address within the Farmington City limits? Yes _____ No _____		
Date Problem Occurred		Date(s) You Complained to Person/Agency
To Whom	Name of Employee at Agency/Institution this complaint is against	

Have you filed a complaint with any other organization, court or governmental organization?	
(check one) Yes _____ No _____ If yes, please provide the information below.	
Name	Date Complaint Filed
Status of Complaint	

What remedy are you seeking?

I swear or affirm the attached complaint is true to the best of my knowledge and information.

Your Signature _____ Date _____

Witness Information (if any)

Name		Phone
Address		City
State	Zip	E-Mail

Name		Phone
Address		City
State	Zip	E-Mail

Name		Phone
Address		City
State	Zip	E-Mail

Name		Phone
Address		City
State	Zip	E-Mail

Name		Phone
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