



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. I also acknowledge that I may be required to attend a meeting or hearing as part of the investigation of my complaint.

Your Signature_____ Date_____

NOTE: This form and its contents, upon submission to the Commission, shall become a public record subject to disclosure to members of the public upon request as provided in the New Mexico Inspection of Public Records Act (NMSA Sections 14-2-1 through 14-2-12).

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

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