



CITY OF FARMINGTON  
COMMUNITY RELATIONS COMMISSION

**COMPLAINT PROCEDURE**

The Community Relations Commission of the City of Farmington has been created by Ordinance Number 2007-1195.

The Mission of the Community Relations Commission is to promote ways in which our community can value and safeguard equal opportunity for all.

The Purpose of the Community Relations Commission shall be to set standards for positive community relations dealing with cultural diversity, fairness, integrity and respect to all people. The Commission will encourage and promote mutual self respect and understanding of each other by all citizens and groups in the city. The Commission will function with integrity, fairness and respect for all.

Complaints can be filed addressing cultural diversity, fairness, and integrity and respect issues by citizens of the City of Farmington and persons that are visiting or seeking services in the City of Farmington.

Complaints must be filed within 45 days after the incident/violation has occurred with the exception of incidents involving physical or mental abuse in which case there is no time limit. Ensure that the complaint is an accurate account of what happened to the complainant, to the best of their knowledge and belief. Provide witness information (letters and supporting documents) and/or witnesses that are relevant to the complaint.

Complaint forms or letters will be received by Commission members and staff. The person receiving the complaint will acknowledge receipt of the complaint by signing and dating the complaint form or letter. The complainant will be provided a copy for their records.

Facts of Findings and a recommendation will be presented to the full Commission for their action. Corrective actions **MAY** include mediation, referrals, policy recommendations, education/training, advocacy and/or sponsorship of community events leading to mutual respect. If mediation is not successful, Fact Finding will be completed.

The Community Relations Commission is responsible for data and record management of all complaints that are received. It will use the information to advise leaders, businesses, organizations and the public on improving community relationships.



City of Farmington  
**Community Relations Commission**  
800 Municipal Drive, Farmington, NM 87401  
crc@fmtn.org

### 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.

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)

<b>Name</b>		<b>Phone</b>
<b>Address</b>		<b>City</b>
<b>State</b>	<b>Zip</b>	<b>E-Mail</b>

<b>Name</b>		<b>Phone</b>
<b>Address</b>		<b>City</b>
<b>State</b>	<b>Zip</b>	<b>E-Mail</b>

<b>Name</b>		<b>Phone</b>
<b>Address</b>		<b>City</b>
<b>State</b>	<b>Zip</b>	<b>E-Mail</b>

<b>Name</b>		<b>Phone</b>
<b>Address</b>		<b>City</b>
<b>State</b>	<b>Zip</b>	<b>E-Mail</b>

<b>Name</b>		<b>Phone</b>
<b>Address</b>		<b>City</b>
<b>State</b>	<b>Zip</b>	<b>E-Mail</b>

# City of Farmington Community Relations Commission

Write in chronological order the events that took place, and what steps you have taken so far. If you need additional room, please use the back of this form or attach additional pages. Include the name of the organization's representative that you have been dealing with. Please provide information and witnesses that are relevant to the situation, and attach copies of any paperwork you may have. If you have witnesses, please provide their information on the next page. Please keep a copy of this complaint for your records.

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Received by \_\_\_\_\_ Date \_\_\_\_\_