



# VALENCIA COUNTY

## COMMENDATION & COMPLAINT FORM

**OFFICE USE ONLY**

Received by: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Received Via: \_\_\_\_\_  
Department: \_\_\_\_\_  
Initial Letter: \_\_\_\_\_  
Assignment: \_\_\_\_\_  
Follow Up: \_\_\_\_\_  
Disposition: \_\_\_\_\_

DATE AND TIME OF INCIDENT: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

DESCRIPTION OF INCIDENT: \_\_\_\_\_

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**REPORTING PARTY INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME/WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SIGNATURE OF REPORTING PARTY: \_\_\_\_\_

*This document and the contents within are subject to being released for public inspection pursuant to Chapter 14, Article 2 NMSA 1978 "Inspection of Public Records Act." Findings and conclusions regarding complaints on Valencia County employees are not publicly released.*