COMPLAINT FORM

Date: _____

To: Socorro County Manager, Michael Hawkes

From: _____

Mailing Address: _____

Contact Phone #: (_____)_____

Date of Incident/Issue: _____

County Department/Division: _____

Please explain your concern, in detail, below:

_____

_____

_____

_____

_____

_____

_____

_____

_____

MANAGER'S OFFICE USE ONLY

Date Received: _____ By: _____

Resolution:

_____

_____

_____

_____

Board of County Commissioners

Joe Gonzales
District I

Martha Salas
District II

Manuel Anaya
District III

Glen Duggins
District IV

Ray Martinez
District V

County Manager
Michael Hawkes

PO Box I, Socorro, NM 87801
Phone: 575.835.0589 | Toll free: 800.727.0206
Fax: 575.835.4629
mhawkes@co.socorro.nm.us | www.Socorrocounty.net