**DAVID E. FRAZEE**
SHERIFF

**STEPHANIE REYNOLDS**
UNDERSHERIFF

# Torrance County Sheriff's Office

## Complaint Form

| | |
|---|---|
| Topic: | |
| Date: | |

| Nature of Your Complaint: |
|---|
| |

Do you desire a response ☐ YES ☐ NO

If yes, complete the following providing either a telephone number, email address, or both.

| | |
|---|---|
| Name: | |
| Email: | |
| Telephone: | |

Submit to callen@tcnm.us or via the address below.

PO Box 498, 903 N. 5th St.
Estancia, New Mexico 87016
505-544-4900