

State of New Mexico Board of Licensure for Professional Engineers and Professional Surveyors Office of Compliance and Enforcement

Mailing: P.O. Box 1967 Santa Fe, New Mexico 87504 • Location: Toney Anaya Building • 2550 Cerrillos Rd. (505) 476-4565 • www.sblpes.state.nm.us

COMPLAINT FORM

I. Complainant (Person making the complaint)

NAME - LAST		FIRST		INITIAL
MAILING ADDRESS – NUMBER AND STREET / POST OFFICE BOX				
CITY		STATE		ZIP CODE
BUSINESS OR MESSAGE TELEPHONE	HOME TELEPHONE		EMAIL ADDRESS	

II. Respondent (Person being complained about)

NAME - LAST		FIRST		INITIAL
COMPANY / FIRM NAME				
MAILING ADDRESS – NUMBER AND STREET / POST OFFICE BOX				
СІТҮ		STATE		ZIP CODE
BUSINESS / HOME TELEPHONE	BUSINESS / HOME FACSIMILE		EMAIL ADDRESS	

III. Witnesses (If any, have each witness complete an Affidavit of Witness Form)

NAME	ADDRESS	TELEPHONE

FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE -			
Case Number: Case Class: PE PS Unlicensed Engineer Unlicensed Surveyor			
Investigator Assigned: Technical Investigator Necessary ?			
Technical Investigator Assigned:	RECEIVED DATE		



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IV. General Information

General Inf	formation:	
1.	Give the specific date(s) of services provided. From:	То:
2.	I paid for the service(s) rendered and/or to be rendered.	□ No □ Yes If yes, what was the amount? \$
3.	Has any civil action been taken in this matter?	Yes If yes, please provide complete details.
4.	Has any law enforcement agency been contacted in this m details.	hatter? No Yes If yes, please provide the following
	Agency Name:	Case Number:
	Contact Person:	Telephone Number:

V. Statement of Complaint (Write a detailed statement of the matter that is the subject of the complaint)

I am personally familiar with the facts and circumstances presented below. The following information contains only facts and avoids opinions and presents all of the information that I believe to be important and/or relevant.

Attach Statement Continuation Form(s) As Necessary - (form on website)

VI. Affirmation

I hereby swear and affirm that the statements made in this complaint are true and correct to the best of my knowledge and belief. I am competent to testify to such facts, and will testify to such in any administrative hearing and/or court upon notification. I further agree to cooperate fully with any investigation undertaken by the New Mexico Board of Licensure for Professional Engineers and Professional Surveyors and to freely provide any duly authorized investigator(s) with true and factual statements and/or testimony via email, facsimile, in person, telephonically, and to permit to see and/or duplicate any and all document(s) necessary.

SIGNATURE OF COMPLAINANT	DATE

VII. Notarization

STATE OF		
COUNTY OF	day of	, 20
(SEAL)		Notary Public
		My Commission Expires