

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 |