



State of New Mexico

**Board of Licensure for  
Professional Engineers and Professional Surveyors**  
Office of Compliance and Enforcement

Mailing: P.O. Box 25101 Santa Fe, New Mexico 87504  
(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			
CITY		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: <input type="checkbox"/> PE <input type="checkbox"/> PS <input type="checkbox"/> Unlicensed Engineer <input type="checkbox"/> Unlicensed Surveyor	<b>RECEIVED DATE</b>
Investigator Assigned: _____ Technical Investigator Necessary? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Technical Investigator Assigned: _____	



## COMPLAINT FORM

### IV. General Information

General Information:

1. Give the specific date(s) of services provided. From: \_\_\_\_\_ To: \_\_\_\_\_
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?  No  Yes If yes, please provide complete details.
4. Has any law enforcement agency been contacted in this matter?  No  Yes If yes, please provide the following details.

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 \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

( SEAL )

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires