



BOARDS AND COMMISSIONS DIVISION

New Mexico Regulation and Licensing Department
P.O. Box 25101 ▪ Santa Fe, New Mexico 87504
Information (505) 476-4500 ▪ Direct (505) 476-4600 ▪ Fax (505) 476-4665
www.RLD.state.nm.us

COMPLAINT FORM

The jurisdiction of the Board/Commission is limited. They cannot guarantee refunds of money paid to licensees, nor necessarily obtain the outcome you desire. They can only impose disciplinary measures against a licensee found to have violated the licensing statute or rules adopted by the Board/Commission. The Boards/Commissions represent the public welfare as a whole, but they do not represent the Complainant as in an **attorney client relationship**.

Please check the board that you are filing your complaint with:

- | | |
|--|---|
| <input type="checkbox"/> Public Accountancy Board* | <input type="checkbox"/> Board of Nursing Home Administrators |
| <input type="checkbox"/> Board of Acupuncture and Oriental Medicine | <input type="checkbox"/> Nutrition and Dietetics Practice Board |
| <input type="checkbox"/> Animal Sheltering Board | <input type="checkbox"/> Board of Examiners for Occupational Therapy |
| <input type="checkbox"/> Athletic Commission | <input type="checkbox"/> Board of Optometry |
| <input type="checkbox"/> Athletic Trainer Practice Board | <input type="checkbox"/> Board of Osteopathic Medical Examiners |
| <input type="checkbox"/> Board of Barbers & Cosmetologist | <input type="checkbox"/> Physical Therapy Board |
| <input type="checkbox"/> Board of Body Art Practitioners | <input type="checkbox"/> Board of Podiatry |
| <input type="checkbox"/> Chiropractic Board | <input type="checkbox"/> Private Investigations Advisory Board |
| <input type="checkbox"/> Counseling and Therapy Practice Board | <input type="checkbox"/> Board of Psychologist Examiners** |
| <input type="checkbox"/> Board of Dental Health Care | <input type="checkbox"/> Real Estate Appraisers Board |
| <input type="checkbox"/> Interior Design Board | <input type="checkbox"/> Real Estate Commission* |
| <input type="checkbox"/> Board of Funeral Services | <input type="checkbox"/> Advisory Board of Respiratory Care Practitioners |
| <input type="checkbox"/> Board of Landscape Architects | <input type="checkbox"/> Signed Language Interpreting Practices Board |
| <input type="checkbox"/> Massage Therapy Board | <input type="checkbox"/> Board of Social Work Examiners |
| <input type="checkbox"/> Speech Language Pathology, Audiology and Hearing Aid Dispensing Practices Board | |

*Complaints regarding the Public Accountancy Board and the Real Estate Commission should be mailed to the respective Board/Commission at 5500 San Antonio Dr. NE, Albuquerque NM 87109.

**If you are filing a complaint with the Board of Psychologist Examiners in regard to a Child Custody Evaluation please complete the Child Custody Evaluation Proceedings Complaint Form in addition to this Complaint Form. The Child Custody Evaluation Proceedings Complaint Form can be downloaded from the Board's website.

INSTRUCTIONS

1. Complete this complaint form providing the Board/Commission with as much information as possible about the complaint.
2. List any other people who might have information or knowledge about this situation. Include contact information for each individual.
3. Sign the form and swear to its truthfulness in the presence of a notary public and have it notarized.
4. **Forms must be typed or printed legibly and printed on 8 1/2"x11" paper or they will be returned.**
5. Submit the completed form(s) and supporting documentation to the Board/Commission Office at the above address. **All images/photos shall be submitted in color.**
6. To file a complaint against a health practitioner please submit an authorization for release of patient information form. The medical records may be needed to process your complaint and the records cannot be released without the form. The form can be found on our website: www.rld.state.nm.us

The Board/Commission will mail an acknowledgement letter to confirm receipt of the complaint.

Note: Complaints received by a Board/Commission can not be withdrawn.

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COMPLAINT #

Complainant's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____

Email Address: _____

Complete this section if Patient/Consumer is not the same as Complainant

Relationship to Patient/Consumer: _____

Patient/Consumer Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____

Email Address: _____

Against (Licensee Name): _____ License # _____

Name of Business: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Nature of Complaint (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Quality of Care or Service | <input type="checkbox"/> Sanitation Violation |
| <input type="checkbox"/> Inappropriate Prescribing | <input type="checkbox"/> Excessive Tests or Treatment |
| <input type="checkbox"/> Misdiagnosis or Failure to diagnose | <input type="checkbox"/> Sexual Misconduct |
| <input type="checkbox"/> Failure to Release Records | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Insurance Fraud | <input type="checkbox"/> Impairment/ Medical Condition |
| <input type="checkbox"/> Advertising Violation | <input type="checkbox"/> Patient Abandonment/ Neglect |
| <input type="checkbox"/> Violation of Confidentiality | <input type="checkbox"/> Unlicensed Activity |
| <input type="checkbox"/> Other _____ | |

Is there any court action or action pending in another jurisdiction related to this complaint? _____

If yes Attorney's name? _____

Witness Information: _____

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