



BOARDS AND COMMISSIONS DIVISION

New Mexico Regulation and Licensing Department

P.O. Box 25101 ▪ Santa Fe, New Mexico 87504

Phone (505) 476-4622 ▪ Fax (505) 476-4665

www.RLD.state.nm.us

COMPLAINT FORM

When you (“Complainant”) file a complaint against a licensed individual, please be advised that the licensing board’s or commission’s jurisdiction is limited by statute. Jurisdiction is usually limited to violations of the licensing statute and administrative rules, and may result in disciplinary action against the licensee. The board or commission cannot guarantee refunds of money paid by a Complainant to a licensee, nor can the board or commission ensure the outcome a Complainant may desire. Financial or billing disputes are outside the jurisdiction of a board or commission, and a Complainant is encouraged to resolve such disputes with a licensee prior to filing a complaint unless the allegations consist of a pattern of unethical/fraudulent billing by the licensee. Boards and commissions are tasked with the protection of the public welfare as a whole; they do not represent the Complainant as an advocate or in an attorney-client relationship.

Complaints against a licensee are first reviewed by the complaint committee of the board or commission. An anonymous complaint, or a complaint filed by a person without first-hand knowledge of the allegations, will be reviewed by the complaint committee to determine whether to recommend proceeding forward with the complaint process. In some instances, anonymous complaints may be impossible to investigate and prosecute.

Please note that a copy of this complaint will be provided to the licensee along with a request for a response to the allegations. All information included in this complaint, including supporting documentation, may be subject to inspection pursuant to the Inspection of Public Records Act, unless excepted from release under the Act or other state or federal law.

Please check the box for the applicable board or commission you are filing your complaint with:

SANTA FE – Mail your complaint to the address listed above.

- | | | |
|--|--|--|
| <input type="checkbox"/> Acupuncture & Oriental Medicine | <input type="checkbox"/> Funeral Services | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Animal Sheltering | <input type="checkbox"/> Landscape Architects | <input type="checkbox"/> Private Investigation |
| <input type="checkbox"/> Athletic Commission | <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Psychologists* |
| <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> Nursing Home Administrators | <input type="checkbox"/> Real Estate Appraisers |
| <input type="checkbox"/> Barbers & Cosmetologists | <input type="checkbox"/> Nutrition and Dietetics | <input type="checkbox"/> Respiratory Care |
| <input type="checkbox"/> Body Art | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Signed Language Interpreting |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Optometry | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Counseling & Therapy | <input type="checkbox"/> Osteopathic Medicine | <input type="checkbox"/> Speech Language Pathology,
Audiology & Hearing Aid
Dispensing Practices |
| <input type="checkbox"/> Dental Health Care | <input type="checkbox"/> Physical Therapy | |
| <input type="checkbox"/> Interior Designers | | |

ALBUQUERQUE – Mail your complaint to 5500 San Antonio Dr. NE, ABQ, NM 87109.

- | | | |
|---|---|---|
| <input type="checkbox"/> Pharmacy - Go to Board Website | <input type="checkbox"/> Public Accountancy | <input type="checkbox"/> Real Estate Commission |
|---|---|---|

INSTRUCTIONS

1. Complete this complaint form by providing as much information as possible about your complaint.
2. List any other people who might have information or knowledge about this matter including their *contact information*.
3. Sign the form swearing to its truthfulness *and if required* in front of a notary public.
4. Forms must be legibly printed or typed and then printed on 8-1/2”x11” paper or they will be returned. Submit the completed form and any supporting documentation to the Board Office at the Santa Fe address noted above or at the Albuquerque address for the Public Accountancy Board or Real Estate Commission.
5. All images/photos submitted shall be in color.
6. If you are filing a complaint against a health care practitioner your medical records may be required to process your complaint. Please submit an Authorization for Disclosure of Health Record Information form which can be downloaded from the Board’s or Commission’s website.

You will receive an acknowledgement letter confirming receipt of your complaint.

*If you are filing a complaint with the New Mexico State Board of Psychologist Examiners regarding a Child Custody Evaluation, you must complete the Child Custody Evaluation Proceedings Complaint Form in addition to this form. The form can be downloaded from the Board’s website.

Please note that a copy of this complaint will be provided to the licensee along with a request for a response to the allegations.

OFFICIAL USE ONLY
COMPLAINT #

COMPLAINT FORM

Person Filing the Complaint

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____

Email Address: _____

Patient/Consumer Information (If different than above)

Relationship to Patient/Consumer: _____

Patient/Consumer Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____

Email Address: _____

Name of Licensed Individual Against Whom the Complaint is Filed

Name: _____ If known, 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"/> Code of Conduct/Ethics | |
| <input type="checkbox"/> Other (please explain) _____ | |

In the event that this complaint is presented in a formal administrative hearing, are you willing to testify as a witness? Yes No

(Please note that in some instances, a case may not proceed to prosecution without witness testimony.)

Other Witness Information:

Name: _____

Contact Number: _____ Email Address: _____

Name: _____

Contact Number: _____ Email Address: _____

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STATEMENT OF COMPLAINT

Provide a detailed statement of the subject matter(s) of the complaint, and attach copies of any supporting documentation relative to the complaint. You may attach additional pages if necessary.

I swear/affirm that the information I provided above is true and complete to the best of my knowledge.

Signature of Complainant: _____ Date: _____
(Sign only in the presence of a Notary.)

=====
State of: _____) County of _____)

Subscribed and sworn to before me on this _____ day of _____, 20____

Notary Public: _____ Commission Expiration Date: _____

SEAL

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