



NEW MEXICO REGULATION AND LICENSING DEPARTMENT
CRANE OPERATORS SAFETY PROGRAM

MAILING ADDRESS:

5500 San Antonio Dr. NE Suite F, Albuquerque, NM 87109

<http://www.rld.state.nm.us/superintendent/default.aspx>

COMPLAINT FORM

COMPLAINT FILED BY

Name: _____
(Print full name) Phone Number _____

Address (Street, City, State & Zip): _____

COMPLAINT FILED AGAINST

Crane Operator Name: _____

Crane Company/Owner Name: _____

Address of Crane Company: _____

Phone Number of Crane Company: _____

Where was the Crane at: (City name): _____ State: _____

Please give a detailed statement of your complaint in the space below. Be specific as possible. If you need to, please attach copies photos or witness statements. DO NOT ATTACH ORIGINALS. Use additional sheets if necessary.

I verify under penalty of perjury that the above statement(s) are true, accurate and based upon my first-hand knowledge, and understand that any misrepresentation or falsification of information is punishable by law, under the state of New Mexico.

Signature (sign in presence of Notary only)

Date

NOTARY

Notary Signature

Commission Expires