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.

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

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

☐ Pharmacy - Go to Board Website  ☐ Public Accountancy  ☐ 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 8-½”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.
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)

☐ Quality of Care or Service ☐ Sanitation Violation
☐ Inappropriate Prescribing ☐ Excessive Tests or Treatment
☐ Misdiagnosis or Failure to Diagnose ☐ Sexual Misconduct
☐ Failure to Release Records ☐ Substance Abuse
☐ Insurance Fraud ☐ Impairment/Medical Condition
☐ Advertising Violation ☐ Patient Abandonment/Neglect
☐ Violation of Confidentiality ☐ Unlicensed Activity
☐ Code of Conduct/Ethics
☐ 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: ________________________________
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.

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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: ________________