**NEW MEXICO REGULATION AND LICENSING DEPARTMENT**

**HOISTING OPERATORS SAFETY PROGRAM**

**TONEY ANAYA BLDG. ▪ 2550 CERRILLOS ROAD, 3RD FLOOR**

**SANTA FE, NM 87505**

**TELEPHONE: (505) 476-4853 ▪ FAX (505) 476-4702**

<http://www.rld.state.nm.us/construction/Hoisting_Program.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