

**STATE OF NEW MEXICO
PUBLIC EMPLOYEE LABOR RELATIONS BOARD**

_____,
Complainant

Address:

Telephone Number:

Fax Number:

Email:

v.

PELRB No:

_____,
Respondent

Address:

Telephone Number:

Fax Number:

Email:

PROHIBITED PRACTICES COMPLAINT

[Provide a concise description of facts, including relevant dates and names. A separate sheet
may be attached if needed.]

The above acts violate the following section(s) of the Public Employee Bargaining Act, §10-7E-1 *et seq.*, NMSA 1978 and/or Section(s) of the PELRB rules and regulations, NMAC Title 11, Chapter 21, Parts 1 through 6.

[List the appropriate section(s) AND subsection(s).]

DECLARATION

I hereby declare that the information contained herein is true and correct to the best of my knowledge and belief.

[Choose one of the following as may be appropriate:]

Complainant's Signature: _____ Date: _____

Title: _____

Printed name: _____

OR

Signature of Petitioner's Representative [if different than Petitioner]

Printed name: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Email: _____