PELRB Form #01 Revised 3-15-23

STATE OF NEW MEXICO PUBLIC EMPLOYEE LABOR RELATIONS BOARD

	Complainant
Address:	

Telephone Number: Fax Number: Email:

v.

PELRB No:

Address:

Telephone Number: Fax Number: Email:

PROHIBITED PRACTICES COMPLAINT

Respondent

[Provide a concise description of facts, including relevant dates and names. A separate

sheet may be attached if needed.]

PELRB Form #01 (Revised 3-15-23) Page 2

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.

5(A)	15(F)	18(B)	19(E)	20(C)
5(B)	15(G)	18(D)	19(F)	20(D)
15(B)	15(H)	19(A)	19(G)	20(E)
15(C)	17(A)	19(B)	19(H)	20(F)
15(D)	17(B)	19(C)	20(A)	21
15(E)	18(A)	19(D)	20(B)	Other (see below)

[List additional sections of the PEBA and NMAC alleged to have been violated below]

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:	
--------------------------	--

Title:

Printed name:

OR

Date: _____

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

Printed name: _____

Address: _____

Telephone Number: _____ Fax Number: _____ Email: _____

PELRB Form #01 (Revised 3-15-23) - Page 3

Certificate of Service

I hereby declare that a true and correct copy of this Prohibited Practice Complaint was served on the following representatives of the Respondent by:

Hand delivery	US Mail	Electronic submission
on or about		
Party served :		
Name of individual served:		
Address:		

Additional persons served: