PELRB Form #09 Revised 05-26-23

STATE OF NEW MEXICO PUBLIC EMPLOYEE LABOR RELATIONS BOARD

Address:	, Complainant
Telephone Number: Fax Number: Email:	
v.	PELRB No:
Address:	, Respondent
Telephone Number: Fax Number: Email: WITHDRAWAL OF PROP	HIBITED PRACTICES COMPLAINT
Complainant hereby withdraws the Prohi or about	bited Practice Complaint filed in this case on
Complainant's Signature:	Date:
Title:	
Printed name:	
	OR
Signature of Complainant's Representative Printed name: Address:	
Telephone Number: Email:	

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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:

US Mail	Electronic submission
	US Mail

Additional persons served: