

**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.

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 on separate sheet if necessary]

**PRAYER FOR RELIEF**

[State what action is desired from the PELRB]

**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 Complainant's Representative [if different than Complainant]

Printed name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

**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:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name