

**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