



NEW MEXICO STATE ETHICS COMMISSION

800 Bradbury Drive Southeast, Suite 215 Albuquerque, New Mexico 87106
505.554.7706 | ethics.commission@sec.nm.gov

RULONA COMPLAINT FORM

COMPLAINANT'S INFORMATION (Person or Organization filling out this complaint)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

RESPONDENT INFORMATION (Notary public this complaint is filed against)

You may only name one Respondent. Complaints submitted without the Respondent's address or email will not be accepted.

Name of Notary Public: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Have you submitted or will you submit this or a substantially similar complaint against the Respondent with another governmental agency: ☐ Yes ☐ No If yes, which agency _____

Is there any pending legal action against the Respondent for the conduct alleged in the complaint? ☐ Yes ☐ No ☐ Unsure

Do you believe any of the conduct alleged in this complaint constitutes a violation of criminal law?
☐ Yes ☐ No ☐ Unsure

Attached hereto are _____ additional pages which reasonably describe the Respondent's actions or inactions which I believe violate the selected laws as indicated above.

HOW TO SUBMIT THIS COMPLAINT TO THE STATE ETHICS COMMISSION

You may submit this complaint through email to: ethics.commission@sec.nm.gov, or via US post to: State Ethics Commission, Attn: RULONA, 800 Bradbury Drive SE, Suite 215, Albuquerque, NM 87106. If you have questions or need assistance with submitting your complaint, please contact ethics.commission@sec.nm.gov.

NOTARY COMPLAINT DESCRIPTION

Please use the following format for your description of each alleged violation: 1) The relevant section(s) or provision(s) of RULONA believed to be violated; 2) Description of each alleged violation; 3) Facts that substantiate the alleged violation(s) including the date, place, and time of the Respondent's conduct; 4) Names and contact information of any witnesses; 5) What action(s) or relief you seek from the Commission; and 6) Description of supporting document(s) included with this complaint, if any.

[illegible]

If more space is needed, please include extra pages using the same format as above.

FULL NAME (Print): _____

DATE: ____/____/____. SIGNATURE: _____