

**STATE OF NEW MEXICO**

PUBLIC EDUCATION DEPARTMENT

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SANTA FE, NEW MEXICO 87501-2786

[www.ped.state.nm.us](http://www.ped.state.nm.us)

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| **Mariana Padilla**  Secretary Designate  of Public Education |  | **Michelle Lujan Grisham**  Governor |

**LICENSURE COMPLAINT/REPORT FORM**

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| **Form Instructions** |
| This form shall be used by school district personnel, school employees, contractors or contractor employees, who know or have a reasonable suspicion that a child or student has been subject to ethical misconduct by school district personnel, a school employee, a school volunteer, a contractor or a contractor employee, to report the matter to the PED, pursuant to the School Personnel Act.  This form shall also be used by Superintendents or their designees to report information relating to an employee who resigns, is being discharged or otherwise leaves employment after an allegation of ethical misconduct has been made, an investigation has been conducted and a finding has been made by the district that ethical misconduct has occurred. In those cases, this form must be submitted by Superintendents or their designees within thirty days from the day the employee in question leaves employment, or immediately, if the finding of ethical misconduct is sexual misconduct with an adult or child.  This form shall also be used by Superintendents to immediately report to the PED any known conviction of any felony or misdemeanor involving moral turpitude of school district personnel, a school employee, a school volunteer, a contractor or contractor’s employee.  This form may also be used, by any individual, to submit an ethical complaint with the New Mexico Public Education Department (PED) against licensed school personnel.  The PED may deny, revoke, suspend, or take other disciplinary action against licensed school personnel for Incompetence, Moral Turpitude, and Other Good and Just Cause. Licensed school personnel,as used in this form, are individuals licensed, or certified, by the PED.  The PED is tasked with the protection of the education system as a whole and does not represent the Complainant as an advocate. An anonymous complaint will generally not be processed.  This document is a public record which the PED may be required to disclose upon request. The PED may also, pursuant to law, be required to share any information on this form, and any information obtained in an investigation relating to information on this form, with law enforcement entities and superintendents.  Please submit a separate complaint form against each individual whom you wish to file a complaint against. |

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| **Licensure Complaint** | | |
| Full name of the school district personnel, school employee, school volunteer, contractor or contractor employee whom is alleged to have committed ethical misconduct (include regardless of whether the individual holds a license or certificate issued by the PED): | | Click here to enter text. |
| License # of the Licensee whom is alleged to have committed ethical misconduct (if known): | | Click here to enter text. |
| The place of employment of the above-named individual at time of incident (include regardless of whether the individual holds a license or certificate issued by the PED): | | Click here to enter text. |
| The employing school district or employing regional education cooperative at time of incident. If the school is a charter school, please indicate that here (include regardless of whether the individual holds a license or certificate issued by the PED): | | Click here to enter text. |
| Identify whether the Licensee is currently employed, has resigned, been terminated, been discharged or otherwise left employment: | | Click here to enter text. |
| The individual’s title, position, or role at time of incident: | | Click here to enter text. |
| Phone # or contact information for the Licensee or unlicensed individual whom is alleged to have committed ethical misconduct: (if known): | | Click here to enter text. |
| Phone number and address of local law enforcement, or if the student is an Indian child residing in Indian country, the phone number and address of tribal law enforcement or social services agency for the relevant Indian country. | |  |
| Please provide a brief description of the alleged misconduct.  Your description must include:   * Detailed narrative of the alleged misconduct. * The name(s), address(es), and age(s) of student(s) or child(ren) allegedly subjected to ethical misconduct. * The name(s) of the student(s) or child(ren)’s parent(s), guardian(s), or custodian(s). * The nature and extent of any injuries suffered by student(s) or child(ren). * The school(s) attended by the student(s), if any. * Whether the student(s) or child(ren) resides in Indian Country. * The approximate date (or dates) for the alleged ethical misconduct. * Any evidence of ethical misconduct. * Names of all witness and other persons who have knowledge of the alleged misconduct. * Any contact information including addresses, e-mails, or telephone numbers for any named witness or persons. * Any other pertinent information or facts that may be relevant to an investigation, this includes, but is not limited to any investigations conducted into this individual or this incident. * Please indicate whether or not a report has been made to law enforcement authorities or tribal law enforcement authorities or tribal social service agencies, and if so, please provide any identifying number associated with such report. * Please indicate whether the Licensee has been convicted of a felony or misdemeanor. | | |
| Click here to enter text. | | |
| Please attach to this complaint any other pertinent documentation including e-mails, notes, photos, videos (MP4 format only), or audio recordings. If the Complainant is the School District or Charter School Administration, please include all disciplinary letters of any type for Licensee. Should you be unable to attach this information, please detail how these items may be obtained. | | |
| Name of Reporter/ Complainant (mandatory): | Click here to enter text. | |
| Reporter/Complainant title: | Click here to enter text. | |
| Reporter/Complainant’s address (mandatory): | Click here to enter text. | |
| Reporter/Complainant’s phone number (mandatory): | Click here to enter text. | |
| Reporter/Complainant’s email address (mandatory): | Click here to enter text. | |
| Reporter’s position at School District (i.e. school district personnel, a school employee, a contractor, contractor’s employee: | Click here to enter text. | |
| School District Reporter is associated with: | Click here to enter text. | |
| Date report/complaint is submitted to PED: | Click here to enter text. | |
| **This PED Report/Complaint Form Should Be Submitted To The Following:** | | |
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| [Licensure.Complaints@ped.nm.gov](mailto:Licensure.Complaints@ped.nm.gov)  Or by mail:  Office of General Counsel, Licensure Complaints  Public Education Department  300 Don Gaspar Avenue  Santa Fe, NM 87501  **Phone:** (505) 827-7802 | | |