

Office of the City Clerk P.O. Box 1293 Albuquerque, NM 87103 Phone (505) 924-3650 Fax (505) 924-3660 www.cabq.gov/clerk

State of New Mexico )

**County of Bernalillo** )

## **COMPLAINT FORM**

) s.s.

## All complaint forms must be submitted by email to cityclerk@cabq.gov The Office of the City Clerk does not accept paper submissions.

1. Complainant's Information			
Last Name	First Name		
Mailing Address	City	State	Zip Code
Daytime Phone Number (include area code)	Email Address		

2. Respondent's Information			
Last Name	First Name		
		<del>,                                     </del>	1
Mailing Address	City	State	Zip Code
Daytime Phone Number (include area code)	Email Address		

3. If F	Respondent is a Candid	ate, the office or position	on sought	

4. Has this complaint been filed with any law enforcement agencies? If so, list all agencies and attach copies of all complaints submitted. Additional pages may be attached to this form if the space provided below is not adequate.

5. Describe in reasonable detail the alleged violation(s). Please specify the Section(s) or Part(s) of the Election Code, Code of Ethics, Open and Ethical Elections Code, or Rules and Regulations of the Board of Ethics or City Clerk that you believe were violated. Please explain how you believe the Election Code, Code of Ethics, Open and Ethical Elections Code, or Rules and Regulations of the Board of Ethics or City Clerk were violated and the underlying facts. Include the date or date range of the alleged violation(s) and any other pertinent information. Continue on next page.

Additional space for details from #5.	

- 6. List and attach evidence that supports your allegations, including but not limited to:
  - a. The names/telephone numbers of persons whom you believe may be witnesses to the facts;
  - b.A copy or picture of any political advertisement(s) Complainant references;
  - c. A copy of each document the Complainant references; and
  - d. Any other evidence supporting your allegations.



I, \_\_\_\_\_\_, hereby swear and affirm under penalty of perjury that, to the best of my knowledge, information, and belief, formed after a reasonable inquiry under the circumstances, each factual contention of this Complaint is supported by evidence.

Complainant (Signature)

Print or type name of Complainant

Sworn or affirmed before me, the undersigned authority by \_\_\_\_\_\_ this \_\_\_\_\_ this \_\_\_\_\_\_ this \_\_\_\_\_\_ this \_\_\_\_\_\_ the second secon

Notary Public