

NMED Non-Employee Discrimination Complaint Form



New Mexico Environment Department

Non-Discrimination Coordinator
Harold Runnels Building
1190 Saint Francis Drive, PO Box 5469
Santa Fe, NM 87502-5469

Before the New Mexico Environment Department (“NMED”) proceeds with a review, all complaints regarding alleged unlawful discrimination shall be documented in writing on this complaint form. The completed form must be signed, or authorized via electronic mail, by the complainant or that person’s authorized representative. The signed or authorized form must be received by NMED within ninety (90) calendar days of when the alleged unlawful discriminatory act occurred.

If you are not able to submit a written complaint, arrangements can be made for an NMED employee to assist you in converting the verbal complaint into the written complaint form. To submit a verbal complaint, call NMED’s main office phone number: 505-827-2855.

The completed and signed form should either be mailed by U.S. Postal Service to the NMED Non-Discrimination Coordinator at the address above, or an authorized (electronically-signed) copy may be sent via email to: nd.coordinator@env.nm.gov

NMED will notify the complainant in writing its determination as to whether NMED has jurisdiction or authority to investigate the complaint and whether NMED finds merit to the allegations to investigate the complaint within fifteen (15) working days from when the Coordinator received the signed complaint. Within 180-days of NMED’s acceptance to investigate a complaint, the Secretary of Environment will issue a written decision approving or disapproving, in whole or in part, the recommendations in the investigative fact-finding report, unless it is determined that based upon the complexity of the complaint that additional time is needed. If it is determined that additional time is needed for the issuance of the written decision, the specified number of days by which the complaint evaluation will be extended will be conveyed in writing to the complainant. The written decision shall be provided to the complainant.

1) Date the alleged unlawful discriminatory act occurred:

_____/_____/_____
Month Day Year

NMED Non-Employee Discrimination Complaint Form

2) Complainant Contact Information:

First Name

Last Name

Address

City, State and Zip Code

Phone Number

Email Address

3) Does the complainant have a representative? Circle: Yes or No. If yes, provide representative's contact information below:

First Name

Last Name

Address

City, State and Zip Code

Phone Number

Email Address

4) Identify the protected classification upon which the alleged violation is based:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Race | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Color | <input type="checkbox"/> Age |
| <input type="checkbox"/> National Origin (including Limited English Proficiency) | <input type="checkbox"/> Gender |
| | <input type="checkbox"/> Retaliation |

5) Provide a specific and detailed description of the decision(s) or action(s) including the date (or date range) which is alleged to have constituted unlawful discrimination in violation of 40 C.F.R. Parts 5 and 7; Title VI of the Civil Rights Act of 1964, as amended; section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975, as amended; or section 13 of the Federal Water Pollution Control Act Amendments of 1972, Public Law 92-500. Attach additional page(s) as necessary.

NMED Non-Employee Discrimination Complaint Form

6) Describe the harm alleged to have occurred, or which will occur, because of the alleged discrimination:

7) Identify the parties alleged to be subjected to, or potentially impacted by, the alleged discrimination:

8) Complainant's (or representative's) signature and date:

_____ **Signature**

_____ **Date**

For NMED Use Only		
Date Complaint Received by NMED	_____ / _____ / _____ Month Day Year	Check <input checked="" type="checkbox"/> Form ONLY <input type="checkbox"/> Additional Pages <input type="checkbox"/> Verbal <input type="checkbox"/>
Date of Alleged Unlawful Discrimination	_____ / _____ / _____ Month Day Year	
Notification Letter Date	_____ / _____ / _____ Month Day Year	Check <input checked="" type="checkbox"/> Decline <input type="checkbox"/> Accept <input type="checkbox"/> Requires More Information <input type="checkbox"/>