



State of New Mexico
**Workers'
Compensation
Administration**

Enforcement Bureau Referral

Date: _____

Party being referred: _____

Phone #s: _____ Address: _____

E-mail address/Website: _____

Subject of the complaint is: Worker Employer Insurance Company Case Manager
 Health Care Provider Claims Adjuster Attorney for the Worker Attorney for the Employer
 Other (Describe): _____

If **individual**, please provide if known: DOB/Age: _____ Employer: _____

Allegation of Misconduct:

What did this person/organization do wrong? Please provide as much information as possible, including the **offending conduct**; **date** of occurrence; **location**; if an attorney their name; and **specific names of parties** and witnesses involved and their contact information if known. Use additional pages if needed.

Your Name (or you can remain anonymous) : _____

Phone #: _____

Address: _____

E-mail address: _____

What is your relationship to the person/business? _____

Please attach any documents or information to help support the allegation in this referral. Such as photos, copies of any notices provided to worker about rights and responsibilities, SIU investigative reports, surveillance, and recorded statements. Do NOT send attorney client communications, work product privilege, or trade secret information which you wish to remain privileged and/or protected.

For help with this referral, contact the Enforcement Bureau at (505) 841-6832 or 1-800-255-7965.
