New Mexico Utility Operator Certification Program (UOCP)

Operator Certification Complaint Form

Pursuant to 20.7.4.16 NMAC

Use this form to report suspected violations of the Utility Operator Code of Professional Conduct or concerns related to operator certification, assignment, or ethical conduct. Completed forms should be submitted to the New Mexico Environment Department – UOCP at UOCP.certification@env.nm.gov.

Section 1 – Complainant Information

Field	Response
Name	
Phone Number	
Email Address	
Are you a certified operator?	☐ Yes ☐ No
Certification Number (if applicable)	
Certification Level	
Employer / Utility Name	
Job Title (if applicable)	
Preferred Method of Contact	☐ Email ☐ Phone

Section 2 – Nature of Complaint

A. Complaint Type

Check all that apply:

☐ Operator is being required to work above their certification level
☐ System is operating without a properly certified operator
☐ Operator engaged in unprofessional, unethical, or unsafe conduct
☐ Operator falsified records, data, or compliance documentation
☐ Operator failed to carry out required duties or neglected responsibilities
☐ Interpersonal conflict or harassment involving certified operator(s)
☐ Employer is creating conditions that force operators to violate certification or conduct standards
☐ Customer or member of the public is reporting operator misconduct
☐ Other (please explain): _____

B. Relationship of Complainant to Incident

Check one:

☐ I am the certified operator involved
☐ I am another certified operator or staff member
☐ I am a supervisor or utility representative
☐ I am a member of the public or system customer
☐ Other: _____

Section 3 – Incident Details

Field	Response
Date(s) of Incident(s)	
System Name / Location	
System Classification Level (if known)	
Name(s) of Person(s) Involved (if known)	
Operator Certification Level(s) Involved	
Is this an ongoing issue?	☐ Yes ☐ No

Section 4 – Description of Complaint

Provide a detailed account of the incident, including who was involved, what happened, where and when it occurred, and how it affected system operations, compliance, safety, or workplace conduct.

(Attach additional pages if needed)

Section 5 – Supporting Documentation

Please attach any relevant documentation and check all that apply:

☐ Work schedules or operator duty logs
☐ Operator rosters or proof of certification
☐ Emails or written directives
☐ Witness statements
☐ Photos, logs, or physical evidence
☐ Other: _____

Section 6 – Prior Reporting

Question	Response
Have you reported this internally (e.g., supervisor, HR)?	☐ Yes ☐ No
Have you filed a union grievance or HR complaint?	☐ Yes ☐ No
Have you submitted this to another agency (e.g., OSHA, DWS)?	☐ Yes ☐ No
If yes, please specify where and when:	

Section 7 – Complainant Certification

I certify that the information provided in this complaint is true and accurate to the best of my knowledge. I understand that this complaint may be used to initiate a formal investigation under the UOCP regulations and that I may be contacted for further information.

Signature: _____
Date: _____

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