



Non-Formal Complaint

Formal Complaint

Discrimination

Employer: _____ Date of Complaint: _____

Site Address: _____

City: _____ State: _____ Zip Code: _____

Employer Phone: _____ FAX: _____ Email: _____

Employer Information

Management Official: _____

Street Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Describe briefly the violation(s) which you believe exist and the number of employees exposed to each violation or discrimination issue:

Specify particular building or worksite where the alleged violation exists or discrimination occurred:

Has this been brought to the attention of:

Employer Government Agency

Please indicate your desire:

Do not reveal my name to employer

My name may be revealed to employer

The Undersigned.....

Employee Representative of Employee(s)

Federal Safety & Health Committee Employer Other

....believes that a violation(s) of the Occupational Safety or Health standard or discrimination issue exists at the establishment named on this form.

Complainant Information:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ FAX: _____