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FOR OFFICE USE ONLY
Close: ☐ Yes ☐ No ☐ Formal ☐ Non-formal
Diary sheet updated: ☐ Yes ☐ No
Database updated: ☐ Yes ☐ No
Complaint #
Case file #
CSHO NAICS
Transferred: ☐ Yes ☐ No

Complaint Form

Instructions

Complete this form if you wish to complain about a workplace safety or health issue. If you need more space you may continue on another page.

It is illegal for an employer to retaliate against an employee who files an OSHA complaint.

It is illegal to make a false statement on this complaint form.

Send this form and any attachments by mail, fax or email (see above).

Employer name				Type of business	
Site address				Management official	
City		State		Zip	
Mailing address	☐ Same as site address				
City		State		Zip	
Phone		Fax		Email	

Describe danger to employee	Location	# exposed

Please indicate your preference	☐ Do NOT reveal my name	☐ My name may be revealed	
This condition has been brought to the attention of	☐ Employer	☐ Other Gov agency (specify)	
Which best desribes you	☐ Current employee	☐ Former employee	☐ Employee representative
	☐ Other (Specify)		

Your name		Address			
City		State		Zip	
Email		Phone			

Complete this section if you are an authorized representative of the affected employees

Organization name		Title	

I have correctly described dangerous violations of OSHA standards

Signature		Date	