



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: \_\_\_\_\_