

U. S. Department of Labor  
Occupational Safety and Health Administration

Notice of Alleged Safety or Health Hazards

		Complaint Number		
Establishment Name				
Site Address				
	Site Phone		Site FAX	
Mailing Address				
	Mail Phone		Mail FAX	
Management Official		Telephone		
Type of Business				
<p><b>HAZARD DESCRIPTION/LOCATION:</b> Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.</p>				
Has this condition been brought to the attention of:		<input type="checkbox"/> Employer <input type="checkbox"/> Other Government Agency(specify)		
Please Indicate Your Desire:		<input type="checkbox"/> Do NOT reveal my name to my Employer <input type="checkbox"/> My name may be revealed to the Employer		
The Undersigned believes that a violation of an Occupational Safety or Health standard exists which is a job safety or health hazard at the establishment named on this form.		(Mark "X" in ONE box) <input type="checkbox"/> Employee <input type="checkbox"/> Federal Safety and Health Committee <input type="checkbox"/> Representative of Employees <input type="checkbox"/> Other (specify)		
Complainant Name				Telephone
Address(Street, City, State, Zip)				
Signature				Date
If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:				
Organization Name:    Your Title:				