


English	Chinese
OSHA Online Complaint Form	OSHA 表
Notice of Alleged Safety or Health Hazards	安全或健康危害通知
EMERGENCY NOTICE	緊急通知
Do Not Report an Emergency Using this Form or Email!	請勿使用此表或電子郵件報告緊急情況！
To report an emergency, fatality, or imminent life threatening situation please contact our toll free number immediately:	若要報告緊急情況、死亡或迫在眉睫的威脅生命的狀況，請立即撥打我們的免費熱線電話：
1-800-321-OSHA (6742)	1-800-321-OSHA (6742)
TTY 1-877-889-5627	TTY 1-877-889-5627
Please fill out sections 1 through 19, but READ THIS FIRST . Items noted with an asterisk (*) are required in order to accept your submission.	請填寫第 1 至 19 部分，但請先 閱讀此處 。標有星號(*)的項目是接受您的提交所必需的。
*1. Establishment Name	*1. 廠名
Note: In order for OSHA to fully process your complaint, complete and accurate information about the worksite is necessary.	注意：為了讓 OSHA 完整處理您的投訴，有關工作現場的完整且準確的信息是必要的。
*2. Site Street:	*2. 現場街道：
*3. Site City:	*3. 現場城市：
*4. Site State:	*4. 現場州：
*5. Site Zip Code:	*5. 現場郵政編碼：
6. Mailing Address (if different):	6. 郵寄地址 (如有不同)：
7. Management Official:	7. 管理人員：
8. Telephone Number:	8. 電話號碼：
9. Type of Business:	9. 業務類型：
*10. Hazard Description.	*10. 危險描述。

Describe briefly the hazards(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard:	□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
*11. Hazard Location.	*11.□□□□□
Specify the particular building or worksite where the alleged violation exists:	□□□□□□□□□□□□□□□□□□□□
*12. This condition has been brought to the attention of: <i>(Choose all that apply)</i> <input type="checkbox"/> Employer <input type="checkbox"/> Other Government Agency (specify)	*12.□□□□□□□□□□□□□□□□□□□□□□□□ <input type="checkbox"/> □□ <input type="checkbox"/> □□□□□□□□□□
13. I am a(n): <input type="checkbox"/> Former Employee <input type="checkbox"/> Current Employee <input type="checkbox"/> Federal Safety and Health Committee <input type="checkbox"/> Representative of Employees <input type="checkbox"/> Other: (specify)	13.□□□ <input type="checkbox"/> □□□□ <input type="checkbox"/> □□□□ <input type="checkbox"/> □□□□□□□□□□ <input type="checkbox"/> □□□□ <input type="checkbox"/> □□□□□□□□
The OSH Act gives complainants the right to request that their names not be revealed to their employer. Providing your name and address, will only allow OSHA staff to communicate with you regarding your complaint.	 □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□ □□□□ OSHA □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
14. 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	14.□□□□□□□□□□□□□□□□ <input type="checkbox"/> □□□□□□□□□□□□□□□□ <input type="checkbox"/> □□□□□□□□□□□□□□□□
*15. Complainant Name:	*15.□□□□□□□

<input type="checkbox"/> <i>This constitutes my electronic signature.</i> (If this box is checked, this submission shall be considered as an authorized written signature.)	<input type="checkbox"/> [Signature Line] [Signature Line]
*16. Complainant Telephone Number:	*16. [Telephone Number]
17. Complainant Mailing Address Street: City: State: ZIP Code:	17.[Address] [Address] [Address] [Address] [Address]
*18. Complainant E-Mail Address:	*18. [Email Address]
19. 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:	19.[Organization Name] [Organization Name] [Title] [Title]
SEND	[SEND]
Clear Form	[Clear Form]
Punishment for Unlawful Statements	[Text]
Potential complainants also should keep in mind that it is unlawful to make any false statement, representation, or certification in any complaint. Violations can be punished under Section 17(g) of the OSH Act by a fine of not more than \$10,000, or by imprisonment of not more than 6 months, or by both.	[Text]
Public reporting burden for this voluntary collection of information is estimated to vary from 15 to 25 minutes per response with an average of 17 minutes per response, including	[Text]

<p>the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An Agency may not conduct or sponsor, and persons are not required to respond to the collection of information unless it displays a valid OMB Control Number. Send comment regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Directorate of Enforcement Programs, Department of Labor, Room N-3119, 200 Constitution Ave., NW, Washington, DC; 20210.</p>	<p>Directorate of Enforcement Programs, Department of Labor, Room N-3119, 200 Constitution Ave., NW, Washington, DC; 20210</p>
<p><i>OMB Approval# 1218-0064; Expires: 08-31-2017</i></p>	<p><i>OMB 1218-0064 Expires 08-31-2017</i></p>
<p>DO NOT SEND THE COMPLETED FORM TO THIS OFFICE.</p>	<p></p>