English	Eastern Punjabi
OSHA Online Complaint Form	OSHA DEFECT DEFECT FIRE
Notice of Alleged Safety or Health Hazards	
EMERGENCY NOTICE	
Do Not Report an Emergency Using this Form	
or Email!	
To report an emergency, fatality, or imminent	
life threatening situation please contact our toll free number immediately:	
nee number infinediately.	
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	PART OFF 1 FF 19 FF FF FF, FAFF READ
READ THIS FIRST. Items noted with an	THIS FIRST & AREA CARAGE (*) ARE CARAGE AREA
asterisk (*) are required in order to accept your submission.	
*1. Establishment Name	*1
1. Establishment Name	*1.
Note: In order for OSHA to fully process your	FAP: OSHA FRANK ARRAN DA BARK ARRAN
complaint, complete and accurate information	
about the worksite is necessary.	
*2. Site Street:	*2. JURU BU BUU:
*3. Site City:	*3. PRE E EFEC:
*4. Site State:	*4. JURI DE DEC:
*5. Site Zip Code:	*5. 2222 22 2322 232:
6. Mailing Address (if different):	6. 777 777 7777 77):
7. Management Official:	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7
8. Telephone Number:	8. FREFER FREE:
0. Type of Pusiness:	0
9. Type of Business:	
*10. Hazard Description.	*10. DEFER OF FERE
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. FIFF FF FFFF
Specify the particular building or worksite where the alleged violation exists:	
*12. This condition has been brought to the attention of: (Choose all that apply)	*12. JJ JJJJ JJJ JJJJ JJJJ JJJJ JJJJ
	PR R: (00 0000 0000, 00 0000 00)
□ Employer	
☐ Other Government Agency (specify)	
13. I am a(n):	13. 333 333:
□ Former Employee	
☐ Current Employee	
☐ Federal Safety and Health Committee	
□ Representative of Employees□ Other: (specify)	
- Curier. (Specify)	
The OSH Act gives complainants the right to	OSH Act JUSTIFICATION OF JUST JUST JUST
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.	
14. Please Indicate Your Desire:	14. PRIS PRE PRE PRE PRE:
☐ Do NOT reveal my name to my	
Employer ☐ My name may be revealed to the	
Employer	
*15. Complainant Name:	*15
To. Complainant value.	
This constitutes my electronic	
signature. (If this box is checked, this submission shall	
be considered as an authorized written signature.)	
*16. Complainant Telephone Number:	*16. PREPREPREPREPREPREPREPREPREPREPREPREPREP

17. Complainant Mailing Address	17. والإنام المرابع الم
Street: City: Sate: ZIP Code:	
*18. Complainant E-Mail Address:	*18
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:	19. FOR FORF OF FRANCE FOR FORFACE FOR
	CONTROL OF SECT OF SECT, SECT SECT
Organization Name:	
Your Title:	
SEND	
Clear Form	
Clear Form	
Punishment for Unlawful Statements	
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	de designed of the OSH papers of Section
more than 6 months, or by both.	17(g) vy vyyd \$10,000 cm cd yddiwyd, diw di
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	######################################
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	

OMB Approval# 1218-0064; Expires: 08-31-2017 DO NOT SEND THE COMPLETED FORM TO	- Directorate of Enforcement Programs, Department of Labor, Room N-3119, 200 Constitution Ave., NW, Washington, DC; 20210. OMB 000000 # 1218-0064; 0000 00000 00 : 08-31-2017
Department of Labor, Room N-3119, 200 Constitution Ave., NW, Washington, DC; 20210.	
	v.vv.vv. provvv vvv (OMB Control Number)
Directorate of Enforcement Programs,	FRE FR FRE FREE FREET, FREE FRE FRE FREETR