

English	Eastern Punjabi
OSHA Online Complaint Form	OSHA <input type="text"/>
Notice of Alleged Safety or Health Hazards	<input type="text"/>
EMERGENCY NOTICE	<input type="text"/>
Do Not Report an Emergency Using this Form or Email!	<input type="text"/> <input type="text"/>
To report an emergency, fatality, or imminent life threatening situation please contact our toll free number immediately:	<input type="text"/> <input type="text"/> <input type="text"/>
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.	<input type="text"/> 1 <input type="text"/> 19 <input type="text"/> READ THIS FIRST <input type="text"/> THIS FIRST <input type="text"/> (*) <input type="text"/> <input type="text"/>
*1. Establishment Name	*1. <input type="text"/>
Note: In order for OSHA to fully process your complaint, complete and accurate information about the worksite is necessary.	<input type="text"/> <input type="text"/> <input type="text"/>
*2. Site Street:	*2. <input type="text"/>
*3. Site City:	*3. <input type="text"/>
*4. Site State:	*4. <input type="text"/>
*5. Site Zip Code:	*5. <input type="text"/>
6. Mailing Address (if different):	6. <input type="text"/>
7. Management Official:	7. <input type="text"/>
8. Telephone Number:	8. <input type="text"/>
9. Type of Business:	9. <input type="text"/>
*10. Hazard Description.	*10. <input type="text"/>
Describe briefly the hazards(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard:	<input type="text"/> <input type="text"/> <input type="text"/>

	<p>PLEASE PRINT OR TYPE CLEARLY IN ALL CAPS. IF YOU ARE HANDWRITING, PLEASE PRINT CLEARLY.</p>
*11. Hazard Location.	*11. PLEASE PRINT CLEARLY
Specify the particular building or worksite where the alleged violation exists:	<p>PLEASE PRINT CLEARLY THE ADDRESS OF THE BUILDING OR WORKSITE, INCLUDING THE CITY, STATE AND ZIP CODE:</p>
<p>*12. This condition has been brought to the attention of: <i>(Choose all that apply)</i></p> <p><input type="checkbox"/> Employer</p> <p><input type="checkbox"/> Other Government Agency (specify)</p>	<p>*12. PLEASE PRINT CLEARLY</p> <p>PLEASE PRINT: (OO OOOO OOOO, OO OOOO OO)</p> <p><input type="checkbox"/> OTHER</p> <p><input type="checkbox"/> OTHER GOVERNMENT AGENCY (PLEASE PRINT)</p>
<p>13. I am a(n):</p> <p><input type="checkbox"/> Former Employee</p> <p><input type="checkbox"/> Current Employee</p> <p><input type="checkbox"/> Federal Safety and Health Committee</p> <p><input type="checkbox"/> Representative of Employees</p> <p><input type="checkbox"/> Other: (specify)</p>	<p>13. PLEASE PRINT:</p> <p><input type="checkbox"/> FORMER EMPLOYEE</p> <p><input type="checkbox"/> CURRENT EMPLOYEE</p> <p><input type="checkbox"/> FEDERAL SAFETY AND HEALTH COMMITTEE</p> <p><input type="checkbox"/> REPRESENTATIVE OF EMPLOYEES</p> <p><input type="checkbox"/> OTHER: (PLEASE PRINT)</p>
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.	<p>OSH Act provides complainants with 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.</p>
<p>14. Please Indicate Your Desire:</p> <p><input type="checkbox"/> Do NOT reveal my name to my Employer</p> <p><input type="checkbox"/> My name may be revealed to the Employer</p>	<p>14. PLEASE PRINT CLEARLY:</p> <p><input type="checkbox"/> DO NOT REVEAL MY NAME TO MY EMPLOYER</p> <p><input type="checkbox"/> MY NAME MAY BE REVEALED TO THE EMPLOYER</p>
*15. Complainant Name:	*15. PLEASE PRINT CLEARLY
<p><input type="checkbox"/> This constitutes my electronic signature. (If this box is checked, this submission shall be considered as an authorized written signature.)</p>	<p><input type="checkbox"/> [REDACTED]</p> <p>(PLEASE PRINT CLEARLY THE ADDRESS OF THE BUILDING OR WORKSITE, INCLUDING THE CITY, STATE AND ZIP CODE)</p>
*16. Complainant Telephone Number:	*16. PLEASE PRINT CLEARLY

<p>Directorate of Enforcement Programs, Department of Labor, Room N-3119, 200 Constitution Ave., NW, Washington, DC; 20210.</p>	<p>OMB CONTROL NUMBER (OMB Control Number)</p> <p>- Directorate of Enforcement Programs, Department of Labor, Room N-3119, 200 Constitution Ave., NW, Washington, DC; 20210.</p>
<p>OMB Approval# 1218-0064; Expires: 08-31-2017</p>	<p>OMB CONTROL # 1218-0064; EXPIRES : 08-31-2017</p>
<p>DO NOT SEND THE COMPLETED FORM TO THIS OFFICE.</p>	<p>OMB CONTROL</p>