



<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. 〇〇 _____ 〇〇〇.</p> <p><input type="checkbox"/> 〇〇 〇〇〇</p> <p><input type="checkbox"/> 〇〇 〇〇〇</p> <p><input type="checkbox"/> 〇〇 〇〇 〇 〇〇 〇〇</p> <p><input type="checkbox"/> 〇〇〇〇 〇〇</p> <p><input type="checkbox"/> 〇〇</p> <p>(〇〇〇 〇〇)</p>
<p>The <a href="#">OSH Act</a> 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>	<p><u>OSH Act</u>(〇〇〇〇〇〇〇〇) 〇〇〇〇 〇〇〇 〇〇〇 〇〇〇〇〇 〇〇〇</p> <p>〇〇〇 〇〇〇 〇〇〇 〇〇〇〇 〇〇〇〇.</p> <p>〇〇〇 〇〇〇 〇〇〇 〇〇〇〇 〇〇 〇〇〇 〇〇 〇〇〇 〇〇〇 〇〇〇</p> <p>OSHA 〇〇〇 〇〇〇〇〇〇〇 〇〇〇〇〇〇.</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. 〇〇〇 〇〇〇 〇〇 〇〇〇〇〇〇〇:</p> <p><input type="checkbox"/> 〇 〇〇〇 〇 〇〇〇〇〇〇 〇〇〇 〇〇〇〇</p> <p><input type="checkbox"/> 〇 〇〇〇 〇〇〇〇〇〇 〇〇〇 〇〇〇〇</p>
<p><b>*15. Complainant Name:</b></p>	<p><b>*15. 〇〇〇 〇〇:</b></p>
<p><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.)</p>	<p><input type="checkbox"/> 〇〇〇 〇〇 〇〇 〇〇〇〇〇. (〇 〇〇〇 〇〇〇〇〇〇, 〇 〇〇〇〇 〇〇〇 〇〇. 〇〇〇 〇〇〇〇〇.)</p>
<p><b>*16. Complainant Telephone Number:</b></p>	<p><b>*16. 〇〇〇 〇〇〇〇:</b></p>
<p>17. Complainant Mailing Address</p> <p>Street:</p> <p>City:</p> <p>Sate:</p> <p>ZIP Code:</p>	<p>17.</p> <p>〇〇〇 〇〇〇〇:</p> <p>〇〇:</p> <p>〇:</p> <p>〇:</p> <p>〇〇〇〇:</p>
<p><b>*18. Complainant E-Mail Address:</b></p>	<p><b>*18. 〇〇〇 〇〇〇 〇〇:</b></p>
<p>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:</p> <p>Organization Name:</p> <p>Your Title:</p>	<p>19. 〇〇〇 〇 〇〇〇〇 〇〇〇 〇〇 〇〇〇〇 〇〇〇〇 〇〇〇〇 〇〇, 〇〇〇</p> <p>〇〇〇〇 〇〇〇 〇〇〇 〇〇〇 〇〇〇 〇〇〇〇〇.</p> <p>〇〇 〇〇:</p> <p>〇〇〇 〇〇:</p>
<p>SEND</p>	<p>〇〇〇</p>
<p>Clear Form</p>	<p>〇〇 〇〇〇</p>
<p>Punishment for Unlawful Statements</p>	<p>〇〇 〇〇〇 〇〇 〇〇</p>
<p>Potential complainants also should keep in mind that it is unlawful to make any false statement, representation, or certification in any</p>	<p>〇〇〇〇 〇〇 〇〇 〇〇, 〇〇 〇〇 〇〇 〇〇〇〇 〇〇 〇〇 〇〇〇 〇〇〇〇〇</p>

<p>complaint. Violations can be punished under <a href="#">Section 17(g)</a> 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.</p>	<p>OSHA 17(g) 10,000 6</p>
<p>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 Directorate of Enforcement Programs, Department of Labor, Room N-3119, 200 Constitution Ave., NW, Washington, DC; 20210.</p>	<p>17 15 ~ 25 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 Approval# 1218-0064; 08-31-2017</p>
<p><b>DO NOT SEND THE COMPLETED FORM TO THIS OFFICE.</b></p>	<p></p>