English	Nepali
OSHA Online Complaint Form	OSHA □□□□□□ □□□□□ □□□□
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:	□□□□□□□□, □□□□□□□□□, □□ □□□□□□□ □□ □□□□□□ □□□□□□ □□□□□ □□□□□□□□□□□ □□□□□□ □□□□□□□ □□□□, □□□□□ □□□□□□□ □□□□□□□□ □□□□ □□□ □□□□ □□. □□ □□□□□□□ □□□□□□□□□:
1-800-321-OSHA (6742)	□-□□□-□□□-OSHA (□□□□)
TTY 1-877-889-5627	TTY □-□□□-□□□-□□□□
Please fill out sections 1 through 19, but READ THIS FIRST. Items noted with an asterisk (*) are required in order to accept your submission.	□□□□□ □□□□□□ □ □□□□ □□ □□□□ □□□□□□□□□ □□ □□□□□□□□□□ □□□□□ □□□□□□□□□□ □□□□□□□ □□□ □□□□□□□□□ □□□□□□ □□□□□□□ □□□□□ □□□□ □□□□ □□□□□ (*) □□□□□□ □□□□□□□ □□□□□□□ □□□□□□□□ □□□□□ □□□□□□ □□□□□ □□□□□ □□
*1. Establishment Name	□*. □□□□□□□□ □□□
Note: In order for OSHA to fully process your complaint, complete and accurate information about the worksite is necessary.	□□□: OSHA □□ □□□□□ □□□□□ □□□□□□ □□□□□ □□□□□□□□□ □□□□□□□ □□□□□□ □□□□, □□□□□□□□□□□ □□□□□□ □□□□□ □□□ □□□ □□□□□□□ □□□□□□ □□□□□ □□□□□□ □□
*2. Site Street:	□*. □□□□□□□□□ □□□□□ □□□□□□
*3. Site City:	□*. □□□□□□□□□ □□□□□ □□□□
*4. Site State:	□*. □□□□□□□□□ □□□□□ □□□□□□
*5. Site Zip Code:	□*. □□□□□□□□□□□ □□□ □□□□
6. Mailing Address (if different):	□. □□□□ □□□□□□ □□□□□□ (□□□ □□□ □ □□□):
7. Management Official:	□. □□□□□□□□□□ □□□□□□□□□
8. Telephone Number:	□. □□□□□□□ □□□□□□
9. Type of Business:	□. □□□□□□□□□ □□□□□□□
*10. Hazard Description.	□□*. □□□□□□ □□□□□□
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.	□□*. □□□□ □□□□□ □□□□□□
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*) ☐ Employer ☐ Other Government Agency (specify)	□□*. □□ □□□□ □□□□ □□□□□ □□□□□□□ □□□ □□□□□□□□ □□□□□□□□□□□ □□□□□□□ □: (*□□□□ □□□□ □□□ □□□□ □□□□□□□□□*) ☐ □□□□□□□□□□

	□ [illegible] ([illegible])
13. I am a(n): □ Former Employee □ Current Employee □ Federal Safety and Health Committee □ Representative of Employees □ Other: (specify)	[illegible]: □ [illegible] □ [illegible] □ [illegible] □ [illegible] □ [illegible] ([illegible])
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.	[illegible] OSH [illegible] [illegible] OSHA [illegible]
14. Please Indicate Your Desire: □ Do NOT reveal my name to my Employer □ My name may be revealed to the Employer	[illegible]: □ [illegible] □ [illegible]
*15. Complainant Name:	*[illegible]
☑ ***This constitutes my electronic signature.***	☑ [illegible]
*16. Complainant Telephone Number:	[illegible]*: [illegible]
17. Complainant Mailing Address Street: City: Sate: ZIP Code:	[illegible]:[illegible] [illegible] [illegible] [illegible] [illegible]
*18. Complainant E-Mail Address:	[illegible]*: [illegible]:[illegible]
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:	[illegible]: [illegible], [illegible]: [illegible] [illegible]
SEND	[illegible]
Clear Form	[illegible]
Punishment for Unlawful Statements	[illegible]-[illegible]
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	[illegible] [illegible], [illegible]

the OSH Act by a fine of not more than $10,000, or by imprisonment of not more than 6 months, or by both.	[illegible] OSH [illegible]
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.	[illegible] OMB [illegible]
OMB Approval# 1218-0064; Expires: 08-31-2017	*OMB [illegible]*
DO NOT SEND THE COMPLETED FORM TO THIS OFFICE.	[illegible]