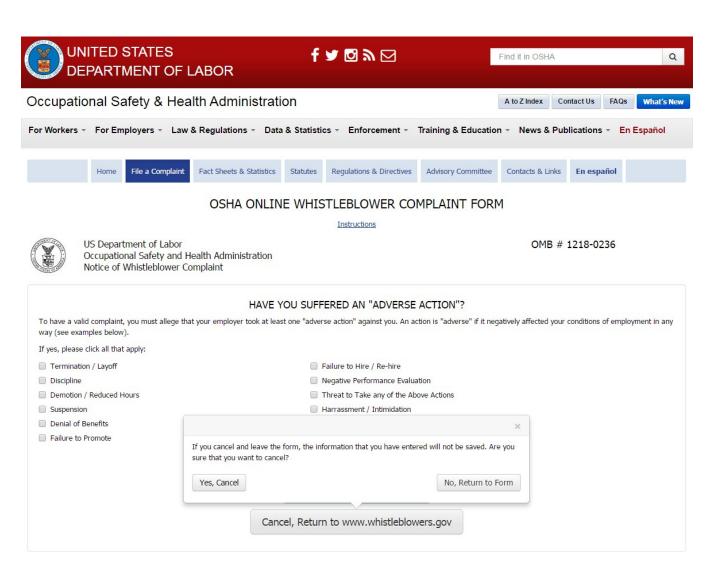


PAPERWORK REDUCTION ACT STATEMENT





PRIVACY ACT STATEMENT PAPERWORK REDUCTION ACT STATEMENT

OSHA 8-60.1. (Rev.xx/16)



NOTE: This functionality is the same for all "Cancel" Buttons that display on the form.

09/01/2016 (If you cannot remember the exact date, please enter the approximate date.) WHY DO YOU BELIEVE YOU SUFFERED THE ADVERSE EMPLOYMENT ACTION(S)? (AT LEAST ONE REQUIRED) Please check all that apply: Called / Filed complaint with OSHA Because you engaged in protected concerted activities (group action to improve wages, benefits, and working conditions), union activities, supported a union, or chose not to ATTENTION engage in union activities The U.S. Equal Employment Opportunity Commission (EEOC) is responsible for enforcing federal Reported an injury, illness, or accident laws that prohibit discrimination against employees because of these factors. To learn more about Participated in safety and health activities EEOC's laws, or to file a complaint with the EEOC, visit www.eeoc.gov or call 1-800-669-4000. Refused to perform unsafe or illegal task Other (please describe) ☑ Because of your race, color, religion, sex (including pregnancy, gender identity, and sexual Please describe why you believe you suffered the adverse action(s) orientation), national origin, age (40 or older), disability or genetic information Because you complained about failure to pay the minimum wage, overtime pay, wage recordkeeping, child labor, or family and medical leave requirements Because you complained about migrant or seasonal worker protections, lie detector tests, or worker protections in certain temporary guest worker programs What reason(s) did your employer give for the adverse action(s)? Please describe why you believe you suffered the adverse action(s) Is there anything else that that you would like OSHA to know about what happened? Please do not include witness names or their contact information Continue to the next section Cancel, Return to www.whistleblowers.gov

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09/01/2016 (If you cannot remember the exact date, please enter the approximate date.) WHY DO YOU BELIEVE YOU SUFFERED THE ADVERSE EMPLOYMENT ACTION(S)? (AT LEAST ONE REQUIRED) Please check all that apply: Because you engaged in protected concerted activities (group action to improve wages, ATTENTION benefits, and working conditions), union activities, supported a union, or chose not to engage in union activities The Wage and Hour Division (WHD) of the U.S. Department of Labor enforces federal labor laws Reported an injury, illness, or accident on topics including the minimum wage, overtime pay, wage recordkeeping, child labor, family and medical leave, migrant and seasonal worker protections, lie detector tests, worker protections in Participated in safety and health activities certain temporary guest worker programs, and the prevailing wages for government-funded service Refused to perform unsafe or illegal task and construction contracts. To learn more about WHD's laws, or to file a complaint with WHD, visit Other (please describe) www.dol.gov/whd or call 1-866-4-USWAGE (1-866-487-9243). Please describe why you believe you suffered the adverse action(s) Because you complained about failure to pay the minimum wage, overtime pay, wage recordkeeping, child labor, or family and medical leave requirements Because you complained about migrant or seasonal worker protections, lie detector tests, or worker protections in certain temporary guest worker programs What reason(s) did your employer give for the adverse action(s)? Please describe why you believe you suffered the adverse action(s) Is there anything else that that you would like OSHA to know about what happened? Please do not include witness names or their contact information Continue to the next section Cancel, Return to www.whistleblowers.gov

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09/01/2016	Set	
(If you cannot remember the exact	date, please enter the approximate date.)	
	ATTENTION	
WHY DO YOU BELIEVE YOU SUFFERED THE ADVERS	The National Labor Relations Board (NLRB) protects the rights of most private-sector employees join together, with or without a union, to improve their wages and working conditions. To learn more about NLRB's laws, or to file a charge with NLRB, visit www.nlrb.gov or call 1-866-667-NLI (6572).	
Called / Filed complaint with OSHA Called / Filed complaint with another government agency Name of Agency Contacted Complained to management about unlawful conditions, conduct, or practices Testified or provided statement in a proceeding (e.g., government inspection or investigation) Because of your race, color, religion, sex (including pregnancy, gender identity, and sexus orientation), national origin, age (40 or older), disability or genetic information Because you complained about failure to pay the minimum wage, overtime pay, wage recordkeeping, child labor, or family and medical leave requirements Because you complained about migrant or seasonal worker protections, lie detector tests, or worker protections in certain temporary guest worker programs What reason(s) did your employer give for the adverse action(s)?	Please describe why you believe you suffered the adverse action(s)	
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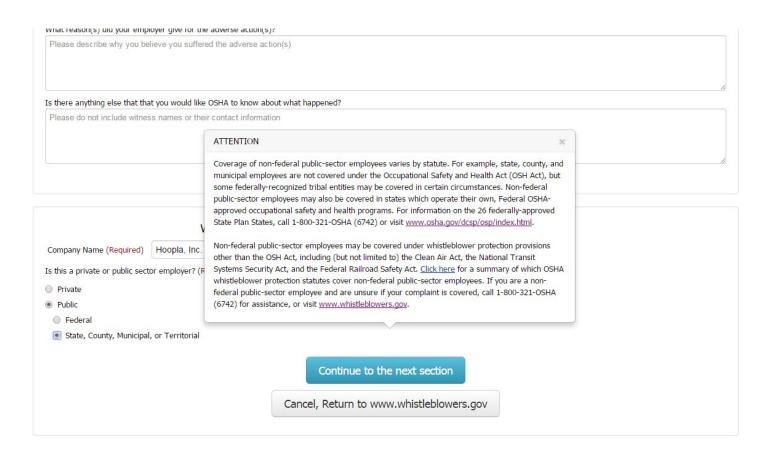
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Because of your race, color, religion, sex (including pregnancy, gender identity, and sexual Other (please describe)	
orientation), national origin, age (40 or ol	ATTENTION ×	adverse action(s)
Because you complained about failure to precordkeeping, child labor, or family and researched because you complained about migrant or	Coverage of federal employees varies by statute. With the exception of U.S. Postal Service employees, the OSH Act does not cover retaliation allegations from federal employees. However, all	
or worker protections in certain temporar	federal agencies are required to establish procedures to ensure that no employee suffers retaliation for reporting unsafe or unhealthful working conditions, or for otherwise engaging in safety and health activities.	
What reason(s) did your employer give for th		
Please describe why you believe you suffer	The Office of Special Counsel (OSC) handles claims of wrongdoing within the executive branch of the federal government from current federal employees, former employees, and applicants for federal employment.	
s there anything else that that you would like	Federal employees who believe that they have suffered retaliation for disclosing a violation of a law, rule, or regulation, gross mismanagement, a gross waste of funds, an abuse of authority, and/or a	
Please do not include witness names or the	substantial and specific danger to public health or safety, may file a complaint with the OSC. Visit www.osc.gov for more information.	
res	Federal employees who also wish to report safety and health hazards should contact their respective agency's Designated Agency Safety and Health Officer (DASHO). See 29 C.F.R. 1960.6 for more information regarding DASHOs. For assistance filing a complaint with a DASHO, federal	
	employees may contact OSHA's Office of Federal Agency Programs. For contact information, visit www.osha.gov/dep/enforcement/dep offices.html. Please note that reporting an alleged safety and	
V	health hazard to DASHO does not substitute for the requirement of filing a retaliation complaint with the Office of Special Counsel.	
Company Name (Required) Hoopla, Inc.	Federal employees may be covered under whistleblower protection provisions other than the OSH Act, including (but not limited to) the Clean Air Act, the National Transit Systems Security Act, and	
is this a private or public sector employer? (R	the Federal Railroad Safety Act. <u>Click here</u> for a summary of which OSHA whistleblower protection statutes cover federal employees. If you are a federal employee and you are unsure if your complaint is covered, call 1-800-321-OSHA (6742) for assistance, or visit <u>www.whistleblowers.gov</u> .	
Public	complaint is covered, call 1-000-321-00114 (0/42) for assistance, or visit www.willsueblowers.gov.	
Federal		
State, County, Municipal, or Territorial		
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