

Occupational Safety & Health Administration

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US Department of Labor
Occupational Safety and Health Administration
Notice of Whistleblower Complaint

OMB # 1218-0236

HAVE YOU SUFFERED AN "ADVERSE ACTION"?

To have a valid complaint, you must allege that your employer took at least one "adverse action" against you. An action is "adverse" if it negatively affected your conditions of employment in any way (see examples below).

If yes, please click all that apply:

- Termination / Layoff
- Discipline
- Demotion / Reduced Hours
- Suspension
- Denial of Benefits
- Failure to Promote

OSHA's whistleblower protection laws only cover employees that have suffered a negative employment action, also known as an *adverse action*. To submit a whistleblower complaint to OSHA, you must allege that you suffered some type of adverse action. To learn more about whistleblower protection laws, return to www.whistleblowers.gov, or call 1-800-321-OSHA to speak with an OSHA representative.

No, I have not suffered an adverse action

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To have a valid complaint, you must allege that your employer took at least one "adverse action" against you. An action is "adverse" if it negatively affected your conditions of employment in any way (see examples below).

If yes, please click all that apply:

- Termination / Layoff Discipline Demotion / Reduced Hours Suspension Denial of Benefits Failure to Promote Failure to Hire / Re-hire Negative Performance Evaluation Threat to Take any of the Above Actions Harrassment / Intimidation

Modal dialog box: If you cancel and leave the form, the information that you have entered will not be saved. Are you sure that you want to cancel? Yes, Cancel No, Return to Form

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

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(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 engage in union activities

Reported an injury, illness, or accident

Participated in safety and health activities

Refused to perform unsafe or illegal task

Other (please describe)

ATTENTION

The U.S. Equal Employment Opportunity Commission (EEOC) is responsible for enforcing federal laws that prohibit discrimination against employees because of these factors. To learn more about EEOC's laws, or to file a complaint with the EEOC, visit www.eeoc.gov or call 1-800-669-4000.

Because of your race, color, religion, sex (including pregnancy, gender identity, and sexual 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

Please describe why you believe you suffered the adverse action(s)

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

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WHY DO YOU BELIEVE YOU SUFFERED THE ADVERSE EMPLOYMENT ACTION(S)? (AT LEAST ONE REQUIRED)

Please check all that apply:

ATTENTION

The Wage and Hour Division (WHD) of the U.S. Department of Labor enforces federal labor laws 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 certain temporary guest worker programs, and the prevailing wages for government-funded service and construction contracts. To learn more about WHD's laws, or to file a complaint with WHD, visit www.dol.gov/whd or call 1-866-4-USWAGE (1-866-487-9243).

- 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

- 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 engage in union activities
- Reported an injury, illness, or accident
- Participated in safety and health activities
- Refused to perform unsafe or illegal task
- Other (please describe)

Please describe why you believe you suffered the adverse action(s)

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

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Date of most recent adverse action (required)

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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
- Called / Filed complaint with another government agency
- 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 engage in union activities
- Reported an injury, illness, or accident
- Participated in safety and health activities
- Refused to perform unsafe or illegal task
- Other (please describe)

ATTENTION

The Wage and Hour Division (WHD) of the U.S. Department of Labor enforces federal labor laws 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 certain temporary guest worker programs, and the prevailing wages for government-funded service and construction contracts. To learn more about WHD's laws, or to file a complaint with WHD, visit www.dol.gov/whd or call 1-866-4-USWAGE (1-866-487-9243).

- 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

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ATTENTION

The National Labor Relations Board (NLRB) protects the rights of most private-sector employees to 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-NLRB (6572).

WHY DO YOU BELIEVE YOU SUFFERED THE ADVERSE ACTION(S)?

Please check all that apply:

- Called / Filed complaint with OSHA
- Called / Filed complaint with another government agency
- 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 sexual 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

- 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 engage in union activities
- Reported an injury, illness, or accident
- Participated in safety and health activities
- Refused to perform unsafe or illegal task
- Other (please describe)

Please describe why you believe you suffered the adverse action(s)

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

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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

WHEN YOU SUFFERED THE ADVERSE ACTION, WHO DID YOU WORK FOR?

Company Name (Required)

Is this a private or public sector employer? (Required)

- Private
- Public
- Federal
- State, County, Municipal, or Territorial

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investigation) Other (please describe)

Because of your race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability, or genetic information

Because you complained about failure to comply with recordkeeping, child labor, or family and medical leave laws

Because you complained about migrant or contract worker protections in certain temporary employment situations

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 to report?

Please do not include witness names or the names of other employees.

Company Name (Required)

Is this a private or public sector employer? (Required)

Private

Public

Federal

State, County, Municipal, or Territorial

ATTENTION

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 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.

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.

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 substantial and specific danger to public health or safety, may file a complaint with the OSC. Visit www.osc.gov for more information.

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 health hazard to DASHO does **not** substitute for the requirement of filing a retaliation complaint with the Office of Special Counsel.

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 the Federal Railroad Safety Act. [Click here](#) 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 www.whistleblowers.gov.

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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

ATTENTION

Coverage of non-federal public-sector employees varies by statute. For example, state, county, and municipal employees are not covered under the Occupational Safety and Health Act (OSH Act), but some federally-recognized tribal entities may be covered in certain circumstances. Non-federal public-sector employees may also be covered in states which operate their own, Federal OSHA-approved occupational safety and health programs. For information on the 26 federally-approved State Plan States, call 1-800-321-OSHA (6742) or visit www.osha.gov/dcsp/osp/index.html.

Non-federal public-sector 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 the Federal Railroad Safety Act. [Click here](#) for a summary of which OSHA whistleblower protection statutes cover non-federal public-sector employees. If you are a non-federal public-sector employee and are unsure if your complaint is covered, call 1-800-321-OSHA (6742) for assistance, or visit www.whistleblowers.gov.

Company Name (Required) Hoopla, Inc.

Is this a private or public sector employer? (Required)

- Private
- Public
- Federal
- State, County, Municipal, or Territorial

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