

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

	<p>PLEASE PRINT OR TYPE CLEARLY IN ALL CAPS. IF YOU ARE HANDWRITING, PLEASE PRINT.</p>
*11. Hazard Location.	*11. PLEASE PRINT CLEARLY
Specify the particular building or worksite where the alleged violation exists:	PLEASE PRINT CLEARLY THE BUILDING OR WORKSITE WHERE THE VIOLATION OCCURRED, INCLUDING THE ADDRESS AND CITY AND STATE:
*12. This condition has been brought to the attention of: <i>(Choose all that apply)</i> <input type="checkbox"/> Employer <input type="checkbox"/> Other Government Agency (specify)	*12. PLEASE PRINT CLEARLY THE NAME OF THE PERSON OR ORGANIZATION THAT BROUGHT THE VIOLATION TO YOUR ATTENTION: NAME: (MR MISS MRS, DR MISS MS) <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER GOVERNMENT AGENCY (PLEASE SPECIFY)
13. I am a(n): <input type="checkbox"/> Former Employee <input type="checkbox"/> Current Employee <input type="checkbox"/> Federal Safety and Health Committee <input type="checkbox"/> Representative of Employees <input type="checkbox"/> Other: (specify)	13. PLEASE PRINT: <input type="checkbox"/> FORMER EMPLOYEE <input type="checkbox"/> CURRENT EMPLOYEE <input type="checkbox"/> FEDERAL SAFETY AND HEALTH COMMITTEE <input type="checkbox"/> REPRESENTATIVE OF EMPLOYEES <input type="checkbox"/> OTHER: (PLEASE SPECIFY)
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.	OSH Act PROTECTS YOUR RIGHT TO REQUEST THAT YOUR NAME NOT BE REVEALED TO YOUR EMPLOYER. PROVIDING YOUR NAME AND ADDRESS WILL ONLY ALLOW OSHA STAFF TO COMMUNICATE WITH YOU REGARDING YOUR COMPLAINT.
14. Please Indicate Your Desire: <input type="checkbox"/> Do NOT reveal my name to my Employer <input type="checkbox"/> My name may be revealed to the Employer	14. PLEASE PRINT CLEARLY YOUR DESIRE: <input type="checkbox"/> DO NOT REVEAL MY NAME TO MY EMPLOYER <input type="checkbox"/> MY NAME MAY BE REVEALED TO THE EMPLOYER
*15. Complainant Name:	*15. PLEASE PRINT CLEARLY:
<input type="checkbox"/> This constitutes my electronic signature. (If this box is checked, this submission shall be considered as an authorized written signature.)	<input type="checkbox"/>
*16. Complainant Telephone Number:	*16. PLEASE PRINT CLEARLY:

Directorate of Enforcement Programs,
Department of Labor, Room N-3119, 200
Constitution Ave., NW, Washington, DC;
20210.

DEPARTMENT OF LABOR, OFFICE OF
OMB CONTROL NUMBER
DIRECTORATE OF ENFORCEMENT PROGRAMS
CONSTITUTION AVENUE, NW, WASHINGTON, DC
20210

- Directorate of
Enforcement Programs, Department of Labor, Room
N-3119, 200 Constitution Ave., NW, Washington,
DC; 20210.

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DO NOT SEND THE COMPLETED FORM TO THIS OFFICE.

DEPARTMENT OF LABOR, OFFICE OF