


OMB No.: 1219-0014

Collection Instrument: Hazardous Condition Complaint

Expiration: 1/31/2020




**UNITED STATES
DEPARTMENT OF LABOR**

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Mine Safety and Health Administration
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Hazardous Condition Complaint

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OMB Control Number and Expiration Date 1219-0014; 01/31/2020.
Public reporting burden for this form is estimated to average 12 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is voluntary. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: to the Mine Safety and Health Administration, U.S. Department of Labor, Office of Standards Regulations and Variances, 201 12th Street South, Arlington, VA 22202, Paperwork Reduction Project (1219-0014). NOTE: Do not send your completed form to this address.

*** Step 1: Contact Information**

I would like to file an anonymous Hazardous Condition Complaint. (Contact information is optional; however, a phone number or e-mail address can help if there are follow-up questions. Your information will be kept strictly confidential.)

I would like to file a Hazardous Condition Complaint and my contact information is provided below. I understand that my contact information is for use by MSHA only and will be kept strictly confidential.

First Name:

Last Name:

Contact Phone:

Email Address:

Check the box to the left if you would like to file a formal Hazardous Condition Complaint. To submit a formal hazardous condition complaint, a valid email address is required. MSHA uses this email address to confirm your intention to "sign" the complaint electronically.

(* Required Fields) [Cancel and return to menu](#)



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A security key has been sent to the following email: hi@yahoo.com. Please check your email and enter the security key in the space below.

* Security Key

DO NOT CLOSE THIS BROWSER WINDOW. You must leave this browser window open until you receive the security key. Depending on your email system, this may take up to several minutes. If you close this window before receiving the security key, the key will become invalid and you must go through the registration process again.

(* Required Fields)

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Step 2: Complaint Information

Name of Mine Company:

Name of Mine:

* City or Nearest Town:

* State:

* County:

Zip Code:

MSHA Mine ID:

* Type of Operation? Coal Mine or Coal Handling Facility Metal/Nonmetal Mine, Mill, Plant or Quarry

* Nature of Complaint:

Please be as descriptive as possible and provide details regarding the nature of the complaint.

(* Required Fields)

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Contact Information [Edit](#)

Type of Complaint Informal

I understand that my contact information is for use by MSHA only and will be kept strictly confidential.

First Name yy
Last Name yy
Contact Phone (202) 666-0666
Email Address yyuu@gmail.com

Complaint Information [Edit](#)

Name of Mine Company example
Name of Mine one
City or Nearest Town Arlington
State Virginia
County Arlington
Zip Code 22202
MSHA Mine ID 22-22333
Type of Operation? Coal Mine or Coal Handling Facility

Nature of Complaint

example text

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Submit this form to MSHA

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