



OSHA ONLINE WHISTLEBLOWER COMPLAINT FORM

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)

TTY 1-877-889-5627

Introduction & Instructions

OSHA administers more than twenty whistleblower protection laws, including Section 11(c) of the Occupational Safety and Health (OSH) Act, which prohibits retaliation against employees who complain about unsafe or unhealthful conditions or exercise other rights under the Act. Each law has a filing deadline, varying from 30 days to 180 days, which starts when the retaliatory action occurs.

A whistleblower complaint must allege four key elements:

- The employee engaged in activity protected by the whistleblower protection law(s) (such as reporting a violation of law);
- The employer knew about, or suspected, that the employee engaged in the protected activity;
- The employer took an adverse action against the employee;
- The employee's protected activity motivated or contributed to the adverse action.

Filing with this form is not required, as OSHA accepts whistleblower complaints made orally (telephone or walk-in at any OSHA office) or in writing, and in any language. If you choose to use this form, you must complete the screens and fields that are marked as "required", all other screens and fields are optional.

If you file a complaint, OSHA will contact you to determine whether to conduct an investigation. You **must** respond to OSHA's follow-up contact or your complaint will be dismissed.

A whistleblower complaint filed with OSHA cannot be filed anonymously. If OSHA proceeds with an investigation, OSHA will notify your employer of your complaint and provide the employer with an opportunity to respond. Because your complaint may be shared with the employer, **do not include witness names or their contact information on this form**, you will have the opportunity to offer evidence in support of your complaint during the investigation.

If you have any questions about the complaint filing or investigative process, please do not hesitate to call 1-800-321-OSHA (6742) or [contact your local OSHA office](#).

If you think your job is unsafe and you want to ask for an inspection, you can call 1-800-321-OSHA (6742), or file a "Notice of Alleged Safety or Health Hazards" by [clicking here](#).

Do you want to file an online whistleblower complaint now?

[Yes, Launch the Online Whistleblower Complaint Form](#)

[No, Return to www.whistleblowers.gov](#)

PRIVACY ACT STATEMENT

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PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act, an Agency may not conduct or sponsor, and no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this voluntary collection of information is estimated to be one hour 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. Please send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to OSHA DWPP@dol.gov or to the Directorate of Whistleblower Protection Programs, Department of Labor, Room N4624, 200 Constitution Ave., NW, Washington, DC, 20210, Attn: Paperwork Reduction Act Comment. (This address is for comments only; do not send completed complaint forms to this office.)

OMB Approval # 1218-0236; Expires: 03-31-2020

OSHA 8-60.1. (Rev.06/17)



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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"?

At least one selection is required

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
- Other (please describe)

[No, I have not suffered an adverse action](#)

[Continue to the next section](#)

[Cancel, Return to \[www.whistleblowers.gov\]\(http://www.whistleblowers.gov\)](#)

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If yes, please click all that apply:

<input type="checkbox"/> Termination / Layoff	<input type="checkbox"/> Failure to Hire / Re-hire
<input type="checkbox"/> Discipline	<input type="checkbox"/> Negative Performance Evaluation
<input type="checkbox"/> Demotion / Reduced Hours	<input type="checkbox"/> Threat to Take any of the Above Actions
<input type="checkbox"/> Suspension	<input type="checkbox"/> Harrassment / Intimidation
<input type="checkbox"/> Denial of Benefits	<input type="checkbox"/> Other (please describe)
<input type="checkbox"/> Failure to Promote	<input type="text" value="please describe"/>

Please check at least one box in this list to continue.

[No, I have not suffered an adverse action](#)

[Continue to the next section](#)

[Cancel, Return to \[www.whistleblowers.gov\]\(http://www.whistleblowers.gov\)](#)

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- Harrassment / Intimidation
- Other (please describe)

Other (please describe)

[No, I have not suffered an adverse action](#)

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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

Continue to the next section

Cancel, Return to www.whistleblowers.gov

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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
- Other (please describe)

When did you suffer the most-recent adverse action?

Each whistleblower protection law that OSHA administers requires that complaints be filed within a certain number of days after the alleged adverse action. The time periods vary from 30 days to 180 days, depending on the specific law (statute) that applies. For example, Section 11(c) of the OSH Act, which covers workplace safety and health matters, requires that a complaint be filed within 30 days of the adverse action. Under certain extenuating circumstances, however, OSHA may accept a complaint filed after the deadline has expired. [Click here](#) for a summary of the filing deadlines that apply to each statute.

Date of Most-Recent Adverse Action **(Required)**

(If you cannot remember the exact date, please enter the approximate date.)

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<input type="checkbox"/> Demotion / Reduced Hours	<input type="checkbox"/> Threat to Take any of the Above Actions
<input type="checkbox"/> Suspension	<input type="checkbox"/> Harassment / Intimidation
<input type="checkbox"/> Denial of Benefits	<input type="checkbox"/> Other (please describe)
<input type="checkbox"/> Failure to Promote	<input type="text" value="please describe"/>

When did you suffer the most-recent adverse action?

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Date of Most-Recent Adverse Action (**Required**)

Please enter a date in this field
Set

(If you cannot remember the exact date, please enter the approximate date.)

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Date of Most-Recent Adverse Action **(Required)**

(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:

<input type="checkbox"/> Called / Filed complaint with OSHA <input type="checkbox"/> Called / Filed complaint with another government agency <input type="text" value="Name of Agency Contacted"/> <input type="checkbox"/> Complained to management about unlawful conditions, conduct, or practices <input type="checkbox"/> Testified or provided statement in a proceeding (e.g., government inspection or investigation) <input type="checkbox"/> Because of your race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability or genetic information <input type="checkbox"/> Because you complained about failure to pay the minimum wage, overtime pay, wage recordkeeping, child labor, or family and medical leave requirements <input type="checkbox"/> Because you complained about migrant or seasonal worker protections, lie detector tests, or worker protections in certain temporary guest worker programs	<input type="checkbox"/> 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 <input type="checkbox"/> Reported an injury, illness, or accident <input type="checkbox"/> Participated in safety and health activities <input type="checkbox"/> Refused to perform unsafe or illegal task <input type="checkbox"/> Other (please describe)
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Please describe why you believe you suffered the adverse action(s)

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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

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Why do you believe you suffered the adverse employment action(s)? (at least one required)

Please check all that apply:

<input type="checkbox"/> Called / Filed complaint with OSHA <input type="checkbox"/> Called / Filed complaint with another government agency <input type="text" value="Name of Agency Contacted"/> <input type="checkbox"/> Complained to management about unlawful conditions, conduct, or practices <input type="checkbox"/> Testified or provided statement in a proceeding (e.g., government inspection or investigation) <input type="checkbox"/> Because of your race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability or genetic information <input type="checkbox"/> Because you complained about failure to pay the minimum wage, overtime pay, wage recordkeeping, child labor, or family and medical leave requirements <input type="checkbox"/> Because you complained about migrant or seasonal worker protections, lie detector tests, or worker protections in certain temporary guest worker programs	<input type="checkbox"/> 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 <input type="checkbox"/> Reported an injury, illness, or accident <input type="checkbox"/> Participated in safety and health activities <input type="checkbox"/> Refused to perform unsafe or illegal task <input type="checkbox"/> Other (please describe) <input type="text" value="Please describe why you believe you suffered the adverse action(s)"/>
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Please check at least one box in this list to continue.

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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(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:

<input type="checkbox"/> Called / Filed complaint with OSHA <input checked="" type="checkbox"/> Called / Filed complaint with another government agency <input type="text" value="Name of Agency Contacted"/> Please enter the name of the Agency you Contacted <input type="checkbox"/> Complained to management about unlawful conditions, conduct, or practices <input type="checkbox"/> Testified or provided statement in a proceeding (e.g., government inspection or investigation) <input type="checkbox"/> Because of your race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability or genetic information <input type="checkbox"/> Because you complained about failure to pay the minimum wage, overtime pay, wage recordkeeping, child labor, or family and medical leave requirements <input type="checkbox"/> Because you complained about migrant or seasonal worker protections, lie detector tests, or worker protections in certain temporary guest worker programs	<input type="checkbox"/> 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 <input type="checkbox"/> Reported an injury, illness, or accident <input type="checkbox"/> Participated in safety and health activities <input type="checkbox"/> Refused to perform unsafe or illegal task <input type="checkbox"/> Other (please describe) <div style="border: 1px solid gray; padding: 5px; min-height: 40px;"> Please describe why you believe you suffered the adverse action(s) </div> <p style="text-align: right;">0 / 1000</p>
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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

0 / 1000

PRIVACY ACT STATEMENT

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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:

<input type="checkbox"/> Called / Filed complaint with OSHA <input type="checkbox"/> Called / Filed complaint with another government agency <input type="text" value="Name of Agency Contacted"/> <input type="checkbox"/> Complained to management about unlawful conditions, conduct, or practices <input type="checkbox"/> Testified or provided statement in a proceeding (e.g., government inspection or investigation) <input type="checkbox"/> Because of your race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability or genetic information <input type="checkbox"/> Because you complained about failure to pay the minimum wage, overtime pay, wage recordkeeping, child labor, or family and medical leave requirements <input type="checkbox"/> Because you complained about migrant or seasonal worker protections, lie detector tests, or worker protections in certain temporary guest worker programs	<input type="checkbox"/> 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 <input type="checkbox"/> Reported an injury, illness, or accident <input type="checkbox"/> Participated in safety and health activities <input type="checkbox"/> Refused to perform unsafe or illegal task <input checked="" type="checkbox"/> Other (please describe) <div style="border: 1px solid #ccc; padding: 5px; min-height: 40px;"> Please describe why you believe you suffered the adverse action(s) </div> <p style="color: red; font-size: small;">Please describe why you believe you suffered the adverse action(s) 0 / 1000</p>
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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? 0 / 1000

Please do not include witness names or their contact information

0 / 1000

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Date of Most-Recent Adverse Action **(Required)**

11/04/2019

(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:

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

- 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)

0 / 1000

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

0 / 1000

PRIVACY ACT STATEMENT

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Date of Most-Recent Adverse Action **(Required)**

11/04/2019 Set

(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:

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 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)

0 / 1000

- Because you complained about failure to pay the minimum wage, overtime pay, wage recordkeeping, child labor, or family and medical leave requirements
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0 / 1000

What reason(s) did your employer give for the adverse action(s)?

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

0 / 1000

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

0 / 1000

0 / 1000

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Date of Most-Recent Adverse Action **(Required)**

11/04/2019 Set

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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

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 0 / 1000

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? 0 / 1000

Please do not include witness names or their contact information

0 / 1000

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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?

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
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- Other (please describe)

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

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What reason(s) did your employer give for the adverse action(s)?

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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)

0 / 1000

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

0 / 1000

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

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Is there anything else that that you would like OSHA to know about what happened? 0 / 1000

Please do not include witness names or their contact information

0 / 1000

When you suffered the adverse action, who did you work for?

Company Name Please fill out this field
(Required)

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

Private
 Public

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Because of your race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (...

Because you complained about failure to recordkeeping, child labor, or family and...

Because you complained about migrant tests, or worker protections in certain ter...

What reason(s) did your employer give for t...

Please describe why you believe you suffer...

Is there anything else that that you would lik...

Please do not include witness names or the...

Order (please describe)

the adverse action(s)

0 / 1000

0 / 1000

0 / 1000

Company Name
(Required)

Is this a private or public sector employer? (

Private

Public

Federal

State, County, Municipal, or Territorial

[Continue to the next section](#)

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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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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

Comment (please describe)

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

0 / 1000

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

0 / 1000

Company Name
(Required)

Is this a private or public sector employer? (

Private

Public

Federal

State, County, Municipal, or Territorial

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.

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

Private
 Public

When you suffered the adverse action, where was your worksite?
(e.g., home office; official duty station; dispatch; home terminal)

Worksite Address when Alleged Retaliation Occurred (Street, City, State, Zip):

Street:

City:

State: **(Required)**

Zip:

PRIVACY ACT STATEMENT

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

Private
 Public

When you suffered the adverse action, where was your worksite?
(e.g., home office; official duty station; dispatch; home terminal)

Worksite Address when Alleged Retaliation Occurred (Street, City, State, Zip):

Street:

City:

State: **(Required)** **Please select an item in the list**

Zip:

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State: **(Required)**
 Zip:

How can OSHA contact your employer?

Employer Name (if different from "Company Name" above):

Name and Title of Management Person (for contact purposes only):

Name:

Title:

Phone:

Name and Title of Your Supervisor:

Name:

Title:

Employer Mailing Address (if different from worksite address):

Street:

City:

State:

Zip:

Employer Phone: Alt Phone:

Employer Fax: Alt Fax:

Employer Email:

Type of Business:

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Type of Business:

How can OSHA contact you?
Please complete all required fields

Name **(Required)**: M.I.

Mailing Address (Street, City, State, Zip) **(Required)**:

Street:

City:

State:

Zip:

Telephone Numbers (include area code) **(at least one required)**:

Home:

Work: Ext.

Cell:

No Telephone Available

Email Address:

Other Contact Person?

Name: M.I.

Phone:

Preferred Method of Contact:

Preferred Time of Contact:

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Type of Business:

How can OSHA contact you?
Please complete all required fields

Name **(Required)**: M.I. Please enter your first name

Mailing Address (Street, City, State, Zip) **(Required)**:

Street:

City:

State:

Zip:

Telephone Numbers (include area code) **(at least one required)**:

Home:

Work: Ext.

Cell:

No Telephone Available

Email Address:

Other Contact Person?

Name: M.I.

Phone:

Preferred Method of Contact:

Preferred Time of Contact:

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Type of Business:

How can OSHA contact you?
Please complete all required fields

Name (Required): M.I. **Please enter your last name**

Mailing Address (Street, City, State, Zip) (Required):

Street:

City:

State:

Zip:

Telephone Numbers (include area code) (at least one required):

Home:

Work: Ext.

Cell:

No Telephone Available

Email Address:

Other Contact Person?

Name: M.I.

Phone:

Preferred Method of Contact:

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Street:

City: **Please fill out this field**

State:

Zip:

Telephone Numbers (include area code) (at least one required):

Home:

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No Telephone Available

Email Address:

Other Contact Person?

Name:

Phone:

Preferred Method of Contact:

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Employer Email:

Type of Business:

How can OSHA contact you?
Please complete all required fields

Name (Required): Q Public

Mailing Address (Street, City, State, Zip) (Required):

Street:

City:

State: **Please select one item from the list**

Zip:

Telephone Numbers (include area codes):

Home:

Work: Ext:

Cell:

Email Address:

Other Contact Person?

Name: M.I. Last Name

Phone:

Preferred Method of Contact:

Preferred Time of Contact:

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State:

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Work: Ext.

Cell:

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Email Address:

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Preferred Method of Contact:

Preferred Time of Contact:

Designated Representative

Do you have an authorized / designated representative (e.g., attorney, shop steward)?

No
 Yes

Are you an authorized / designated representative (e.g., attorney, shop steward) that is filing on behalf of an employee?

No
 Yes

If yes for either, please provide contact information for the authorized/designated representative:

Name:

Title:

Organization Name (if any):

Union Affiliation (if any):

Address (Street, City, State, Zip Code):

Street:

City:

State:

Zip:

Phone (day): Ext:

Email:

By checking this box, I certify that the named employee has authorized me to act as their representative for purposes of this complaint.

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Submission

Please review the information you have entered to ensure that it is accurate. You may change any answers as needed before submitting the form.

NOTE: It is unlawful to make any materially false, fictitious, or fraudulent statement to an agency of the United States. Violations can be punished by a fine or by imprisonment of not more than five years, or by both. See 18 U.S.C. 1001(a); 29 U.S.C. 666(g).

By clicking SUBMIT below, you certify that the information in this complaint is true and correct to the best of your knowledge and belief. Please click "Submit" only once. Remember that you cannot file a whistleblower complaint with OSHA anonymously. If you file a complaint, OSHA will contact you to discuss your complaint. If OSHA proceeds with an investigation, the employer will be notified of your complaint.

We suggest that you print and save this page for your records.

Print this Complaint

SUBMIT your complaint to OSHA

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Complaint Received!

Thank you! As of November 8, 2019 3:30 PM US Eastern Time, you have filed a whistleblower retaliation complaint with OSHA using our online filing system.

Your complaint submission reference number is: ECN27865

No further action is necessary at this time. An OSHA representative will contact you using the contact information that you provided in your complaint. It is very important that you respond to OSHA's follow-up contact.

We appreciate the opportunity to be of service to you.

How Did You Find Us?

How did you learn about OSHA's Whistleblower Protection Programs? (Please click all that apply)

- DOL's website (www.dol.gov)
- OSHA's website (www.osha.gov)
- OSHA employee
- Referred by another agency or organization
- Union
- Coworker
- Friend or Relative
- Search engine (e.g., Google)
- News article
- Conference or Industry event
- Other

Send

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