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ck to Whis	leblower Protection P	rogram / OSHA	Online Whistleblower Complaint Form				Ver esta página en espariol
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			EMERGENCY NOTICE: Do Not Report an Em	ergency Using this Form	or Email!		
		To report an er	EMERGENCY NOTICE: Do Not Report an Em mergency, fatality, or imminent life threatening situ			ediately:	
			EMERGENCY NOTICE: Do Not Report an Em	ergency Using this Form	or Email!		

OSHA administers more than twenty whistlebiower protection laws, including Section 11(c) of the Occupational Safety and Health (OSH) Act, which prohibits retailation against employ 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 retailatory 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

This form requests personal information that is relevant and necessary to determine whether and how to conduct an investigation. OSHA collects this information in order to process complaints under its statutory and regulatory authority. Once a complaint is filed, the individual's name and information about the allegations of retaliation will be disclosed to the employer. During the course of an OSHA investigation, information contained in an investigative case file may be disclosed to the parties in order to resolve the complaint. During an investigation, information about the complaining party and the employer will not be released to the public except to the extent allowed under the Freedom of Information Act (FOIA). However, once a case is closed, it is possible that information contained in the complaint or a case file may be released to the public as required by the FOIA. Any such documents will be redacted as appropriate under the FOIA and the Privacy Act.

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

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US Department of Labor Occupational Safety and Health Adr Notice of Whistleblower Complaint	ministration	OMB # 1218-0236
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If yes, please click all that apply: Termination / Layoff Discipline	Negative Performance Evaluation	
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If yes. please click all that apply: Termination / Layoff Discipline Demotion / Reduced Hours Suspension Denial of Benefits Failure to Promote	<ul> <li>Negative Performance Evalua</li> <li>Threat to Take any of the Abo</li> <li>Harrassment / Intimidation</li> <li>Other (please describe)</li> <li>please describe</li> </ul>	ave Actions

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US Department of Labor Occupational Safety and Health Ad Notice of Whistleblower Complaint	ministration	OMB # 1218-0236
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yes, please click all that apply:		
Termination / Layoff	Failure to Hire	/ Re-hire
Discipline	Negative Perfo	ormance Evaluation
Demotion / Reduced Hours	Threat to Take	any of the Above Actions
Suspension	Harrassment /	Intimidation
Denial of Benefits	Other (please	describe)
Failure to Promote	please descri	be
ach whistleblower protection law that OSHA admir	When did you suffer the most- isters requires that complaints be filed within	recent adverse action? a certain number of days after the alleged adverse action. The time periods vary from
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Discipline		Negative Performance Evaluation
Demotion / Reduced Hours		Threat to Take any of the Above Actions
Suspension		Harrassment / Intimidation
Denial of Benefits		Other (please describe)
Failure to Promote		please describe
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### Occupational Safety and Health

Administration 200 Constitution Ave NW Washington, DC 20210 & 800-321-6742 (OSHA) TTY www.OSHA.gov

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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: 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 Called / Filed complaint with another government agency chose not to engage in union activities Name of Agency Contacted Reported an injury, illness, or accident Complained to management about unlawful conditions, conduct, or practices Participated in safety and health activities Testified or provided statement in a proceeding (e.g., government inspection or Refused to perform unsafe or illegal task investigation) Other (please describe) Because of your race, color, religion, sex (including pregnancy, gender identity, and Please describe why you believe you suffered the adverse action(s) 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 0/1000 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? 0/1000 Please do not include witness names or their contact information 0/1000 Cancel, 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 ONB 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.)

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11/04/2019	Set
(If you cannot remember the exact da	ate, please enter the approximate date.)
Why do you believe you suffered the adverse Please check all that apply: 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 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 check at least one box in this list to continue.	employment action(s)? (at least one required) 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) 0710
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 / 100
Continue to the n Cancel, Return to w	0 / 100 ww.whistleblowers.gov

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	employment action(s)? (at least one required)
Please check all that apply: Called / Filed complaint with OSHA Called / Filed complaint with another government agency Name of Agency Contacted Please enter the name of the Agency you 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 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 What reason(s) did your employer give for the adverse action(s) Please describe why you believe you suffered the adverse action(s)	<ul> <li>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</li> <li>Reported an injury, illness, or accident</li> <li>Participated in safety and health activities</li> <li>Refused to perform unsafe or illegal task</li> <li>Other (please describe)</li> <li>Please describe why you believe you suffered the adverse action(s)</li> <li>0 / 10</li> </ul>
s 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 / 10

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se you engaged in protected concerted activities (group action to improve , benefits, and working conditions), union activities, supported a union, or not to engage in union activities ted an injury, illness, or accident pated in safety and health activities ed to perform unsafe or illegal task (please describe) tescribe why you believe you suffered the adverse action(s)
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lescribe why you believe you suffered the adverse action(s)
describe why you believe you suffered the adverse action(s) 0 / 1
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Date of Most-Recent Ad	Iverse Action (Re	quired)			
11/04/2019		Set			
(If you cannot remember the exact date, please enter the approximate date.)					
Why do you believe you suffered the adverse e Please check all that apply:	employment	action(s)	? (at least one required)		
ATTENTION ×			d in protected concerted activities (group action to improve working conditions), union activities, supported a union, or		
The U.S. Equal Employment Opportunity Commission (EEOC) is responsible for enforcing			in union activities		
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			ness, or accident		
call 1-800-669-4000.	E Charles and a second	and a second	and health activities nsafe or illegal task		
	Other (ple	÷			
Because of your race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability or genetic information	Please desc	ibe why yo	u 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			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					
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Continue to the ne	ext section				
Cancel, Return to www	w.whistleblov	vers.gov			
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(If you cannot remember the exact date, please enter the approximate date.)

Set

Please check all that apply: ATTENTION ×	Because you engaged in protected concerted activities (group action to improve
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- 3243).	<ul> <li>wages, benefits, and working conditions), union activities, supported a union, or chose not to engage in union activities</li> <li>Reported an injury, illness, or accident</li> <li>Participated in safety and health activities</li> <li>Refused to perform unsafe or illegal task</li> <li>Other (please describe)</li> <li>Please describe why you believe you suffered the adverse action(s)</li> </ul>
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)	0 / 100
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	
S	0/1000
Continue to the ne	xt section

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Date of Most-Recent Adverse Action (Required)

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

Set

e check all that apply	e employment action(s)? (at least one required)
IIIed / Filed complaint with OSHA FION ge and Hour Division (WHD) of the U.S. Department of Labor enforces federal lab topics including the minimum wage, overtime pay, wage recordkeeping, child labo nd medical leave, migrant and seasonal worker protections, lie detector tests, protections in certain temporary guest worker programs, and the prevailing wages nent-funded service and construction contracts. To learn more about WHD's laws, complaint with WHD, visit www.dol gov/whd or call 1-866-4-USWAGE (1-866-487- cause you complained about migrant or seasonal worker protections, lie detector	Participated in safety and health activities Refused to perform unsafe or illegal task Of Other (please describe)
ts, or worker protections in certain temporary guest worker programs reason(s) did your employer give for the adverse action(s)? se describe why you believe you suffered the adverse action(s)	
e anything else that that you would like OSHA to know about what happened?	0 / 100
se do not include witness names or their contact information	
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	next section

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Date of Most-Recent A	dverse Action (Required)
11/04/2019	Set
(If you cannot remember the exact da	ate, please enter the approximate date.)
NCARO -	ATTENTION
Why do you believe you suffered the adverse Please check all that apply:	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.nirb.gov or call 1-866-667-NLRB (6572).
Called / Filed complaint with OSHA Called / Filed complaint with another government agency Name of Agency Contacted	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
Complained to management about unlawful conditions, conduct, or practices	Reported an injury, illness, or accident
Testified or provided statement in a proceeding (e.g., government inspection or	Participated in safety and health activities
investigation)	Refused to perform unsafe or illegal task
Because of your race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability or genetic information	Other (please describe)     Please describe why you believe you suffered the adverse action(s)
<ul> <li>Because you complained about failure to pay the minimum wage, overtime pay, wage recordkeeping, child labor, or family and medical leave requirements</li> <li>Because you complained about migrant or seasonal worker protections, lie detector tests, or worker protections in certain temporary guest worker programs</li> </ul>	0 / 1000
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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	
Continue to the r Cancel, Return to we	0 / 1000 ww.whistleblowers.gov

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by Screen

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	
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	0 / 1000

	vvnen	you suffered the adverse action, who did you work for?	
Company Name	Company Name		
(Required)			
s a private or public se	ctor employer? (Required)		
rivate			
ublic			
		Continue to the next section	
		Cancel, Return to www.whistleblowers.gov	

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### ABOUT THE SITE

## OSHA Whistleblowers Online Complaint Form by Screen

ere anything else that th	hat you would like OSHA t	to know about what happened?	0 / 100
ase do not include with	ess names or their contac	t information	
			0 / 10
	v	Vhen you suffered the adverse action, who did you work for?	
Company Name	Company Name	Please fill out this field	
(Required)	<u></u>		
is a private or public se	ctor employer? (Required	0	
Private			
Public			
		Continue to the next section	
		Cancel, Return to www.whistleblowers.gov	

### PRIVACY ACT STATEMENT

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### PAPERWORK REDUCTION ACT STATEMENT

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

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

## UNITED STATES DEPARTMENT OF LABOR

Occupational Safety and Health Administration 200 Constitution Ave NW Washington, DC 20210 \$ 800-321-6742 (OSHA) TTY www.OSHA.gov

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sexual orientation), national origin, age ( Because you complained about failure to	ATTENTION ×	the adverse action(s)
recordkeeping, child labor, or family and	Coverage of federal employees varies by statute. With the exception of U.S. Postal Service	
Because you complained about migrant	employees, the OSH Act does not cover retaliation allegations from federal employees.	
tests, or worker protections in certain ten	However, all federal agencies are required to establish procedures to ensure that no employee suffers retailation for reporting unsafe or unhealthful working conditions, or for	0 / 100
hat reason(s) did your employer give for th	otherwise engaging in safety and health activities.	
Please describe why you believe you suffe	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.	
there anothing also that that you would like	Federal employees who believe that they have suffered retaliation for disclosing a violation	0 / 1000
there anything else that that you would lik	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	071000
Please do not include witness names or the	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	0 / 1000
	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	071000
	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	
Company Name Company, Inc. (Required)	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	
this a private or public sector employer? (	whistleblower protection statutes cover federal employees. If you are a federal employee	
Private	and you are unsure if your complaint is covered, call 1-800-321-OSHA (6742) for assistance, or visit www.whistleblowers.gov.	
Public	and a second	
Federal		
State, County, Municipal, or Territorial		
	Continue to the next section	
	Cancel, Return to www.whistleblowers.gov	

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#### ABOUT THE SITE

Because of your race, color, religion, sex	(including pregnancy, gender identity, and	Utilet (please describe)	
sexual orientation), national origin, age (40 or older), disability or genetic information		Please describe why you believe you suffered the adverse	action(s)
Because you complained about failure to recordkeeping, child labor, or family and	pay the minimum wage, overtime pay, wage medical leave requirements		
	or seasonal worker protections, lie detector		0 / 1000
tests, or worker protections in certain ter	nporary guest worker programs		1000 Contractor
What reason(s) did your employer give for t	he adverse action(s)?		
Please describe why you believe you suffe	red the adverse action(s)		
Is there anything else that that you would lik	e OSHA to know about what happened?		0 / 1000
Please do not include witness names or th			
Please do not include withess harnes or un			
	ATTENTION	×	
	Coverage of non-federal public-sector employ		
	Act (OSH Act), but some federally-recognized	ered under the Occupational Safety and Health d tribal entities may be covered in certain	0 / 1000
	circumstances. Non-federal public-sector em	ployees may also be covered in states which occupational safety and health programs. For	
	information on the 26 federally-approved Sta	te Plan States, call 1-800-321-OSHA (6742) or	
0	visit www.osha.gov/dcsp/osp/index.html.		
Company Name Company, Inc. (Required)	Non-federal public-sector employees may be	승규가 가장 것 같은 것은 것 같은 것 같은 것 같은 것 같은 것 같은 것 같은	
s this a private or public sector employer? (	provisions other than the OSH Act, including National Transit Systems Security Act, and th	(but not limited to) the Clean Air Act, the e Federal Railroad Safety Act. Click here for a	
Private	summary of which OSHA whistleblower prote	ction statutes cover non-federal public-sector	
Public	is covered, call 1-800-321-OSHA (6742) for a	ector employee and are unsure if your complaint assistance, or visit www.whistleblowers.gov.	
Federal			
State, County, Municipal, or Territorial			
	Continue to th	e next section	
	Cancel, Return to www	w.whistleblowers.gov	

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### ABOUT THE SITE

Is this a private or public se Private Public	ctor employer? ( <b>Required</b> )		
Street.	eged Retaliation Occurred (Street, Street Address of Worksite	I suffered the adverse action, where was your worksite? .g., home office; official duty station; dispatch; home terminal) City, State, Zip):	
City: State: (Required)	City Select one	•	
Zip:	#####	Continue to the next section Cancel, Return to www.whistleblowers.gov	

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### H ABOUT THE SITE

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)	
irred (Street, City, State, Zip):	
Vorksite	
• Please select an item in the list	
Continue to the next section	
Cancel, Return to www.whistleblowers.gov	
ι	worksite    Please select an item in the list  Continue to the next section

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### ABOUT THE SITE

State: (Required)	Arizona •		
Zip:			
		How c	can OSHA contact your employer?
Employer Name ()f different from "Company			
Name" above):	Name and Title of Management Per	rson (for cor	contact purposes only)
Name:	First Name	M,1,	Last Name
Title:	Position		
Phone:	<i>ини ини ини</i> и	Ext	
ne and Title of Your Sup	ervisor:		
Name:	First Name	M.1.	Last Name
Title:	Position		
oloyer Mailing Address (	if different from worksite address).		
Street	Employer Mailing Address		
City:	City		
State:	Select one		
Zip:	ununu		
Employer Phone:		Alt Phone	ne: <i>### #### ####</i>
Employer Fax:	<i>nnn-nnn-nnnn</i>	Alt Fax:	###-###################################
Employer Email:	Email address		
Type of Business:	Business Type		

### PRIVACY ACT STATEMENT

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## OSHA Whistleblowers Online Complaint Form by Screen

Type of Business:	Business Type				
				w can OSHA contact you? ase complete all required fields	
Name (Required):	First Name	ME		Last Name	
ailing Address (Street, Cit	y, State, Zip) (Required):				
Street	Street Address				
City:	City				
State:	Select one				
Zip	######				
	e area code) (at least one required	<b>()</b> :			
Home:	<i>ипп-ний-нийи</i>				
Work:	###-####-#####	Ext			
Cell:	<i>или или илин</i>				
	No Telephone Available				
Email Address:	Email Address				
Other Contact Person?					
Name:	First Name	M.1.		Last Name	
Phone:					
Preferred Method of Contact:	Select one				
Preferred Time of Contact:	Select one				
			C	ontinue to the next section	
		Cano	cel, F	Return to www.whistleblower	s.gov

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### ABOUT THE SITE

## OSHA Whistleblowers Online Complaint Form by Screen

Employer Email:	Email address			
Type of Business:	Business Type			
			How can OSHA contact you? Please complete all required fields	
Name (Required):	First Name	M.I.	Last Name	Please enter your first name
Mailing Address (Street, Cit	ty, State, Zip) (Required):	1		
Street	Street Address			
City;	City			
State	Select one			
Zip:	*****			
Telephone Numbers (Includ	le area code) (at least one required	<b>1):</b>		
Home:	<i>иии иии ииии</i>			
Work:	<i>unn muu unnn</i>	Ext		
Cell:				
	No Telephone Available			
Email Address:	Email Address			
Other Contact Person?				
Name:	First Name	M.1.	Last Name	
Phone:	#######################################			
Preferred Method of Contact	Select one			
Preferred Time of Contact:	Select one			
		1	0	
			Continue to the next section	
		Canc	cel. Return to www.whistleblowe	ers.gov

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## OSHA Whistleblowers Online Complaint Form by Screen

Employer Email:	Email address		
Type of Business:	Business Type		
Type of busiliess.	manuan (Dec		
		How can OSHA contact you?	
		Please complete all required fields	
Name (Required):	John	M.I. Last Name	Please enter your last name
ng Address (Street, Cit	y, State, Zip) (Required):		
Street	Street Address		
City:	City		
State:	Select one		
Zip:	######		
ohone Numbers (includ	e area code) (at least one required	#):	
Home:	####-##################################		
Work:		Ext	
Cell	<i>ини-ини-ини</i> и		
	No Telephone Available		
Email Address:	Email Address		
r Contact Person?			
Name:	First Name	M.I. Last Name	
Phone:			
Preferred Method of Contact:	Select one		
Preferred Time of Contact:	Select one •		
		1 400 1000 10 10 10 10 10 10 10 10 10 10 10	
		Continue to the next section	
		Cancel, Return to www.whistleblowers.	VOE

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## OSHA Whistleblowers Online Complaint Form by Screen

Employer Email:	Email address	
Type of Business:	Business Type	
		How can OSHA contact you? Please complete all required fields
Name (Required):	John	Q Public
Mailing Address (Street, Cit	ty, State, Zip) (Required):	
Street:	123 Test Street	
City:	pity	Please fill out this field
State:	Select one	•
Zip:	<i>интт</i>	
Telephone Numbers (includ	le area code) (at least one require	ed):
Home:	<i>ини-ини-инии</i>	
Work:	<i>ипп-ини-инин</i>	Ext
Cell:	#######################################	
	No Telephone Available	
Email Address:	Email Address	
Other Contact Person?		
Name:	First Name	M.I. Last Name
Phone:	<del>""" """</del>	
Preferred Method of Contact	Select one	•
Preferred Time of Contact:	Select one	•
		Continue to the next section
		Cancel, Return to www.whistleblowers.gov

### PRIVACY ACT STATEMENT

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### PAPERWORK REDUCTION ACT STATEMENT

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

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

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Employer Email: Email address
Type of Business: Business Type

			How can OSHA contact you Please complete all required field		
Name (Required):	John	Q	Public		
Mailing Address (Street, City	y, State, Zip) (Required):				
Street	123 Test Street				
City:	Testville				
State	Select one	Plea	se select one item from the list		
Zip: Telephone Numbers (includ Home: Work: Cell: Email Address: Other Contact Person? Name:	Selectione Alabama Alaska American Samoa Arizona Arizona Arizona Colorado Colorado Colorado Colorado Colorado Colorado Colorado District of Columbia Florida Georgia Guam Hawaii Idaho Ililinois Indiana Iowa Kansas	): Ext	Last Name		
Phone:	#######################################				
Preferred Method of Contact	Select one •				
Preferred Time of Contact:	Select one				
		Canc	Continue to the next section		

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## OSHA Whistleblowers Online Complaint Form by Screen

Employer Email:	Email address	
Type of Business:	Business Type	
		How can OSHA contact you?
		Please complete all required fields
Name (Required):	John	Q. Public
ailing Address (Street, Cit	y, State, Zip) (Required).	
Street	123 Test Street	
City:	Testville	
State	Alabama	•
Zip:	Please fill out	
	e area code) (at least one require	ed):
Home:		
Work:	###-####-#####	Ext
Cell:	[ ###-#################################	
	No Telephone Available	
Email Address:	Email Address	
ther Contact Person?		
Name:	First Name	M.I. Last Name
Phone:		
Preferred Method of Contact	Select one	
Preferred Time of Contact:	Select one	•
		Continue to the next section
		Cancel, Return to www.whistleblowers.gov

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## OSHA Whistleblowers Online Complaint Form by Screen

Employer Email:	Email address				
Type of Business:	Business Type				
			How can OSHA contact you?		
			Please complete all required fields		
Name (Required):	John	Q	Public		
failing Address (Street, Cit	y, State, Zip) (Required):				
Street	123 Test Street				
City:	Testville				
State	Alabama				
	10045				
Zip:	12345 e area code) (at least one required	N-			
Home:	area code) (at least one required		se fill out this field		
	( <u> </u>				
Work:	///////////////////////////////////////	Ext			
Cell:	#######################################				
	No Telephone Available				
Email Address:	Email Address				
Other Contact Person?					
Name:	First Name	M.L	Last Name		
Phone:					
Preferred Method of Contact:	Select one				
Preferred Time of Contact:	Select one •				
			Continue to the next section		
		Canc	el, Return to www.whistleblower	s.gov	

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## OSHA Whistleblowers Online Complaint Form by Screen

Employer Email:	Email address					
Type of Business:	Business Type					
			low can OSHA contact you? lease complete all required fields			
Name (Required):	John	Q	Public			
Mailing Address (Street, Cit	y, State, Zip) (Required):					
Street	123 Test Street					
City:	Testville					
State:	Alabama					
Zip:	12345					
Telephone Numbers (includ	le area code) (at least one required	):				
Home	####-########	Please	fill out this field			
Work:		Ext				
Cell:	<i>uun nun nunu</i>					
	No Telephone Available					
Email Address:	Please check this if no telephone is a Email Address	vailable.				
Other Contact Person?						
Name:	First Name	M.L	Last Name			
		103.1.	Last Manie			
Phone:	#######################################					
Preferred Method of Contact:	Select one •					
Preferred Time of	Select one •					
Contact:						
			Continue to the next section			
		Cancel,	Return to www.whistleblowers	s.gov		

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Preferred Method of Contact:	Phone •	×
Preferred Time of Contact:	Evening	•
Do you have an authorized	/ designated representative (e.g., a	Designated Representative
©No	acaignatea representative (e.g., a	anonicy, and activity,
res		
Are you an authorized / des	ignated representative (e.g., attorne	ney, shop steward) that is filing on behalf of an employee?
No		
OYes		
If yes for either, please prov	ide contact information for the auth	norized/designated representative:
Name:	First Name	M.I. Last Name
Title:	Title	
Organization Name (if	Organization Name	
any):		
Union Affiliation (if any):	Union Name	
Address (Street, City, State		
Street	Street Address	
City:	City	
State:	Select one	
Zip:	<i>инини</i>	
Phone (day):	<del>1111-1111-11111</del>	Ext:
Email:	Email Address	
By checking this box, I dependent of the second	ertify that the named employee has	s authorized me to act as their representative for purposes of this complaint.
		Continue to the next section
		Cancel, Return to www.whistleblowers.gov

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

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.
Use suggest that you print and save this page for your records.
Print this Complaint
SUBMIT your complaint to OSHA
Cancel, Return to www.whistleblowers.gov

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

Print this Complaint

UBMIT your complaint to OSHA

Cancel, Return to www.whistleblowers.gov

### Complaint Received!

Thank yout As of November 8, 2019 3:30 PM US Eastern Time, you have filed a whistleblower retailation 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 Proge	ams? (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	
Name of Agency/Organization	
Union	
Coworker	
Friend or Relative	
Search engine (e.g., Google)	
News article	
Conference or Industry event	
Other	
Please describe	
	Send

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