



Occupational Safety and Health Administration

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OSHA ONLINE WHISTLEBLOWER COMPLAINT FORM

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.

Filling 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 y employment in any way (see examples below).	our employer took at least one "adverse action" against you. An action is "adverse" if it negatively affected your conditions of
If yes, please click all that apply:	
■ Termination / Layoff	☐ Failure to Hire / Re-hire
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
	No, I have not suffered an adverse action
	Continue to the next section
	Cancel, Return to www.whistleblowers.gov

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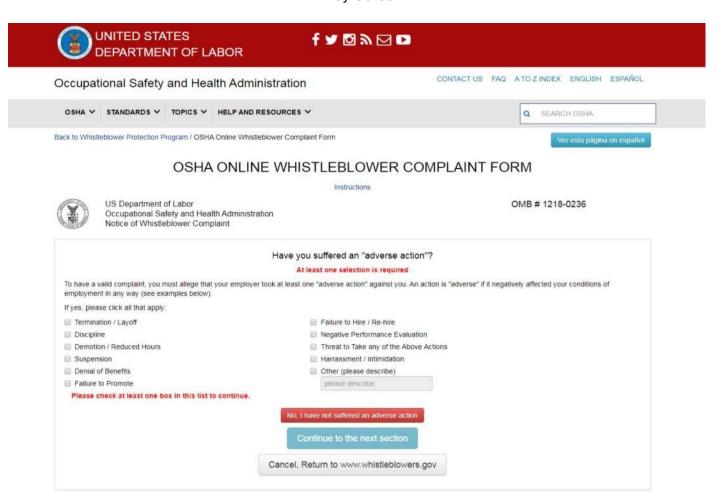
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☐ Discipline	Negative Performance Evaluation
Demotion / Reduced Hours	Threat to Take any of the Above Actions
Suspension	Harrassment / Intimidation
□ Denial of Benefits	Ø Other (please describe)
Failure to Promote	please describe Other (please describe)
	Continue to the next section Cancel, Return to www.whistleblowers.gov

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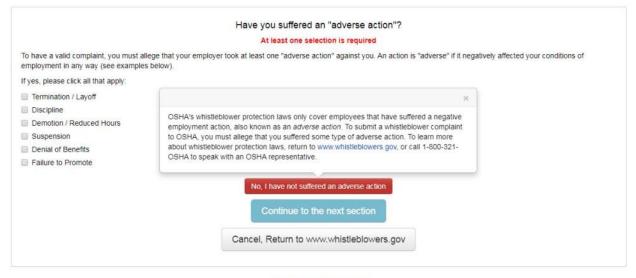
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If yes, please click all that apply:	
✓ Termination / Layoff	☐ Failure to Hire / Re-hire
Discipline	 Negative Performance Evaluation
Demotion / Reduced Hours	☐ Threat to Take any of the Above Actions
Suspension	■ Harrassment / Intimidation
 Denial of Benefits 	Other (please describe)
Failure to Promote	please describe
	When did you suffer the most-recent adverse action? sters 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 (s	sters requires that complaints be filed within a certain number of days after the alleged adverse action. The time periods vary froi statute) that applies. For example, Section 11(c) of the OSH Act, which covers workplace safety and health matters, requires that ion. Under certain extenuating circumstances, however, OSHA may accept a complaint filed after the deadline has expired. Click
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30 days to 180 days, depending on the specific law (s a complaint be filed within 30 days of the adverse act here for a summary of the filing deadlines that apply t	sters requires that complaints be filed within a certain number of days after the alleged adverse action. The time periods vary froi statute) that applies. For example, Section 11(c) of the OSH Act, which covers workplace safety and health matters, requires that ion. Under certain extenuating circumstances, however, OSHA may accept a complaint filed after the deadline has expired. Click o each statute. Date of Most-Recent Adverse Action (Required)

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OSHA Whistleblowers Online Complaint Form by Screen

v.2020 Changes Itemized

✓ Termination / Layoff	8	Failure to Hire / Re-hire
☐ Discipline	0	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
30 days to 180 days, depending on the specific lav	nisters requires that complain (statute) that applies. For ex- action. Under certain extenual (statute) to each statute. Date of Most 11/dd/yyyy (If you cannot remember the	fer the most-recent adverse action? In this be filed within a certain number of days after the alleged adverse action. The time periods vary from tample, Section 11(c) of the OSH Act, which covers workplace safety and health matters, requires that ting circumstances, however, OSHA may accept a complaint filed after the deadline has expired. Click I-Recent Adverse Action (Required) Please enter a date in this field Set line exact date, please enter the approximate date.)

PRIVACY ACT STATEMENT

Cancel, Return to www.whistleblowers.gov

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Date of Most-Recen	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 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, wag	Because you engaged in protected wages, benefits, and working condictors not to engage in union active Reported an injury, illness, or accided Participated in safety and health are Refused to perform unsafe or illegity. Other (please describe) Please describe why you believe you	d concerted activities (group action to improve litions), union activities, supported a union, or ities dent ctivities al task
tests, or worker protections in certain temporary guest worker programs		0/10
Because you complained about migrant or seasonal worker protections, lie detector		0/10
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)?		0/10
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)		
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) s there anything else that that you would like OSHA to know about what happened?		
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) 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		
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	11/04/2019		Set		
(If you cannot reme	ember the exact d	late, please enter	he appr	oximate date.)	
Why do you believe you suffere Please check all that apply:	d the adverse	employment	action	(s)? (at least one required)	
Called / Filed complaint with OSHA Called / Filed complaint with another government agency Name of Agency Contacted Complained to management about unlawful conditions, conduct, or p Testified or provided statement in a proceeding (e.g., government ins investigation)		wages, be chose not Reported :	nefits, a to enga an injury d in saf perforr	iged in protected concerted activities (group action to improve nd working conditions), union activities, supported a union, or ge in union activities illiness, or accident ety and health activities in unsafe or illegal task	
 Because of your race, color, religion, sex (including pregnancy, gender sexual orientation), national origin, age (40 or older), disability or gen 				you believe you suffered the adverse action(s)	
Because you complained about failure to pay the minimum wage, over ecordkeeping, child labor, or family and medical leave requirements Because you complained about migrant or seasonal worker protection.	ertime pay, wage				1000
tests, or worker protections in certain temporary guest worker progra Please check at least one box in this list to continue. What reason(s) did your employer give for the adverse action(s)?	ills				
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	t happened?			0/1	1000
Please do not include witness names or their contact information					
Co	ontinue to the r	next section		0/1	1000
Cance	el, Return to w	ww.whistleblo	vers.g	ov	

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_1	11/04/2019		Set	
(If you cannot reme	mber the exact da	ite, please enter ti	ne app	proximate date.)
Why do you believe you suffered Please check all that apply: □ Called / Filed complaint with OSHA ✓ Called / Filed complaint with another government agency	d the adverse	Because you	ou eng	n(s)? (at least one required) gaged in protected concerted activities (group action to improve and working conditions), union activities, supported a union, or age in union activities
Please enter the name of the Agency you Contacted Complained to management about unlawful conditions, conduct, or pr Testified or provided statement in a proceeding (e.g., government inspinvestigation)		Participate	in sa perfor	ny, illness, or accident afety and health activities rm unsafe or illegal task scribe)
Because of your race, color, religion, sex (including pregnancy, gende sexual orientation), national origin, age (40 or older), disability or gene Because you complained about failure to pay the minimum wage, ove recordkeeping, child labor, or family and medical leave requirements Because you complained about migrant or seasonal worker protection tests, or worker protections in certain temporary guest worker program	etic information ertime pay, wage ns, lie detector	Flease descr	ibe wh	ny 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?			0/1000
Please do not include witness names or their contact information				
	ntinue to the n			0 / 1000

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 investigation 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.

PAPERWORK REDUCTION ACT STATEMENT

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



OSHA Whistleblowers Online Complaint Form by Scree

11/0	04/2019		Set		
(If you cannot rememb	er the exact da	ate, please enter	the ap	oproximate date.)	
Why do you believe you suffered the	he adverse	employment	actio	on(s)? (at least one required)	
Please check all that apply:		E 8			
Called / Filed complaint with OSHA		■ Because	vou en	gaged in protected concerted activities (group action to impr	rove
Called / Filed complaint with another government agency		wages, benefits, and working conditions), union activities, supported a union, or			
Name of Agency Contacted				gage in union activities	
Complained to management about unlawful conditions, conduct, or pract	tices		The second	ury, illness, or accident	
■ Testified or provided statement in a proceeding (e.g., government inspect	tion or			afety and health activities	
investigation)		Other (ple		orm unsafe or illegal task	
 Because of your race, color, religion, sex (including pregnancy, gender id sexual orientation), national origin, age (40 or older), disability or genetic 		-		thy you believe you suffered the adverse action(s)	
 Because you complained about failure to pay the minimum wage, overtin recordkeeping, child labor, or family and medical leave requirements 	ne pay, wage				
Because you complained about migrant or seasonal worker protections, tests, or worker protections in certain temporary guest worker programs	lie detector	Please de	scribe	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)					4
Is there anything else that that you would like OSHA to know about what hap	ppened?				0 / 1000
Please do not include witness names or their contact information					
_					0 / 1000
Conti	nue to the n	next section			
Cancel, F	Return to w	ww.whistleblo	wers	.gov	

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



FEDERAL GOVERNMENT

White House Severe Storm and Flood Recovery Assistance Disaster Recovery Assistance DisasterAssistance.gov USA.gov No Fear Act Data

U.S. Office of Special Counsel

OCCUPATIONAL SAFETY AND HEALTH

Frequently Asked Questions
A - Z Index
Freedom of Information Act
Read the OSHA Newsletter
Subscribe to the OSHA Newsletter
OSHA Publications
Office of Inspector General

ABOUT THE SITE

Why do you believe you suffered the adverse Please check all that apply:	employment action(s)? (at least one required)	
TTENTION the U.S. Equal Employment Opportunity Commission (EEOC) is responsible for enforcing ederal laws that prohibit discrimination against employees because of these factors. To earn more about EEOC's laws, or to file a complaint with the EEOC, visit www.eeoc.gov or all 1-800-669-4000.	Because you engaged in protected concerted activities (group action to im wages, benefits, and working conditions), union activities, supported a union 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	
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	Other (please describe) Please describe why you believe you suffered the adverse action(s)	
 Because you complained about migrant or seasonal worker protections, lie detector tests, or worker protections in certain temporary guest worker programs 		0 / 10
Because you complained about migrant or seasonal worker protections, lie detector		0 / 10
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)?		0/10
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)?		

Data of Mark Daniel Advance Asking (Barrier II)

PRIVACY ACT STATEMENT

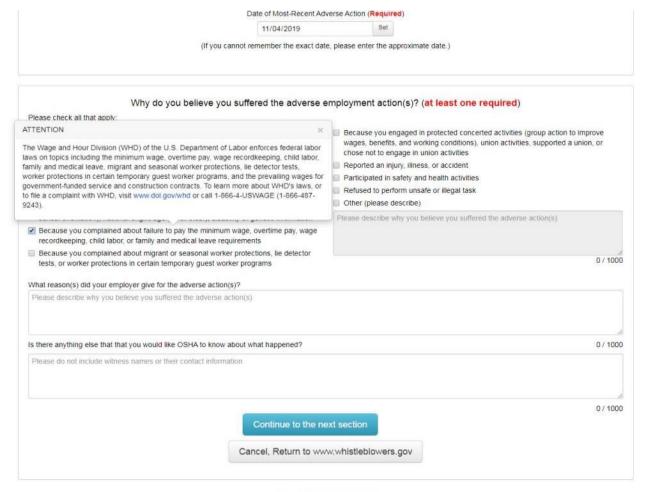
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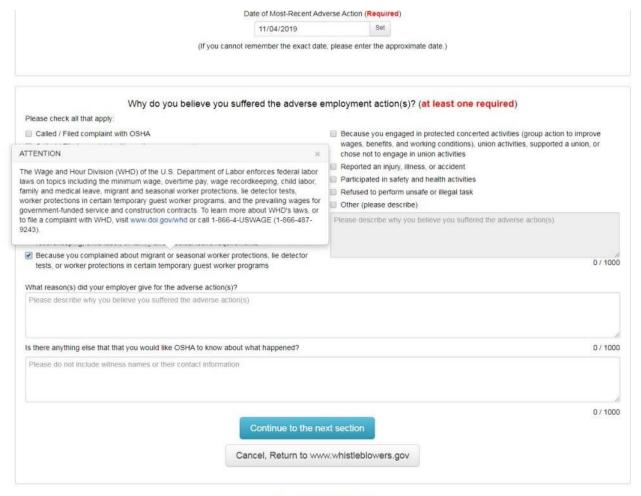
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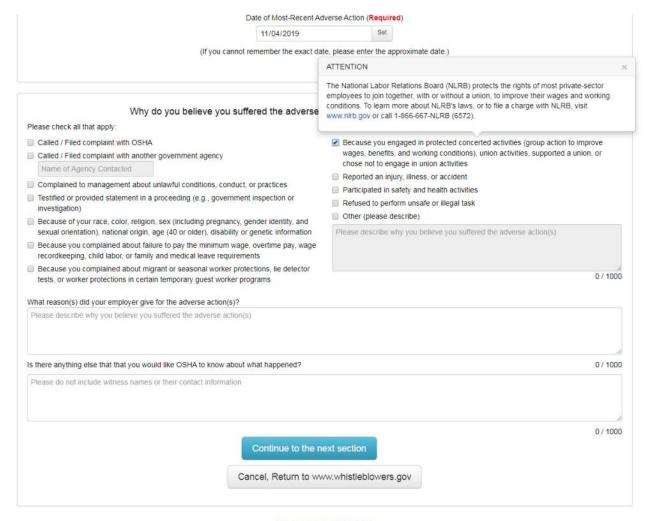
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ve you suffered the adve	erse action(s)	
ou would like OSHA to k	know about what happened?	0 / 1000
names or their contact in	oformation	
		4
		0 / 1000
employer? (Required)		
	Continue to the next section	
	Cancel, Return to www.whistleblowers.gov	
	names or their contact in	When you suffered the adverse action, who did you work for? Impany Name employer? (Required) Continue to the next section

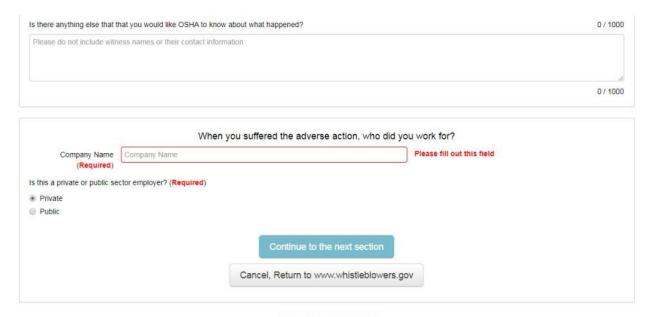
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OSHA Whistleblowers Online Complaint Form by Scree

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or visit www.whistleblowers.gov.				
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Continue to th	ne next section			
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OSHA Whistleblowers Online Complaint Form by Screen

Because of your race, color, religion, se	x (including pregnancy, gender identity, and	Utilet (please describe)	
	(40 or older), disability or genetic information	Please describe why you believe you suffered the adverse	action(s)
Because you complained about failure t recordkeeping, child labor, or family and	o pay the minimum wage, overtime pay, wage if medical leave requirements		
	or seasonal worker protections, lie detector		0 / 100
tests, or worker protections in certain te	mporary guest worker programs		07100
What reason(s) did your employer give for	the adverse action(s)?		
Please describe why you believe you suffe	ered the adverse action(s)		
			82
s there anything else that that you would li	ke OSHA to know about what happened?		0 / 100
Please do not include witness names or tr	neir contact information		
	ATTENTION		
	ATTENTION	×	
	Coverage of non-federal public-sector employees are not so	yees varies by statute. For example, state, pered under the Occupational Safety and Health	0 / 100
	Act (OSH Act), but some federally-recognized	d tribal entities may be covered in certain	07100
	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	
	visit www.osha.gov/dcsp/osp/index.html.		
Company Name Company, Inc (Required)	Non-federal public-sector employees may be		
	provisions other than the OSH Act, including National Transit Systems Security Act, and the	(but not limited to) the Clean Air Act, the be Federal Railroad Safety Act. Click here for a	
this a private or public sector employer?	summary of which OSHA whistleblower prote	ection statutes cover non-federal public-sector	
Private Public	employees. If you are a non-federal public-se is covered, call 1-800-321-OSHA (6742) for a	ector employee and are unsure if your complaint	
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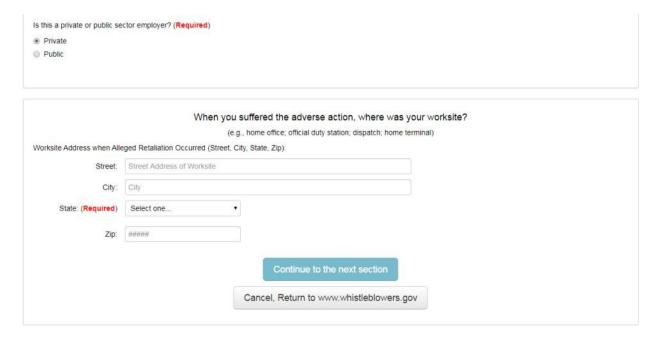
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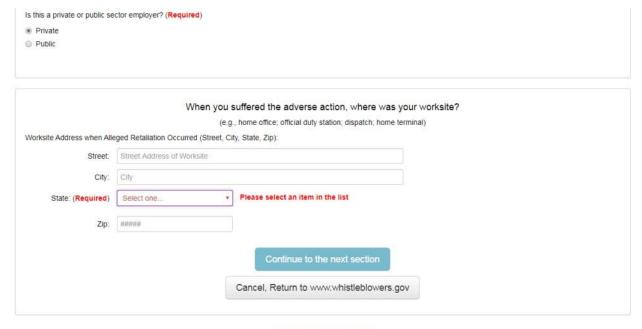
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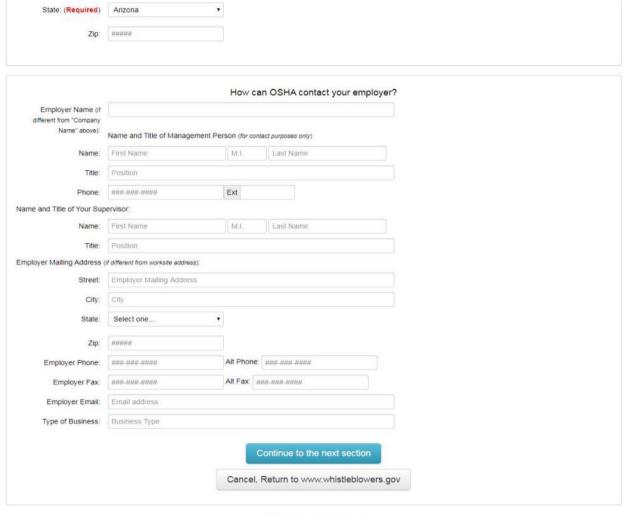
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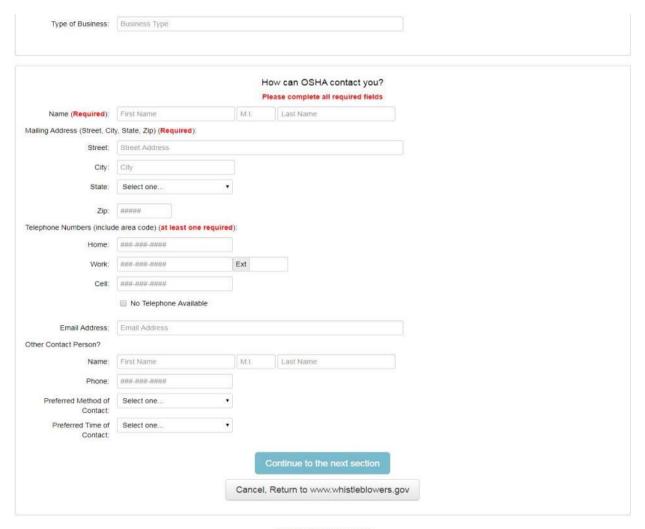
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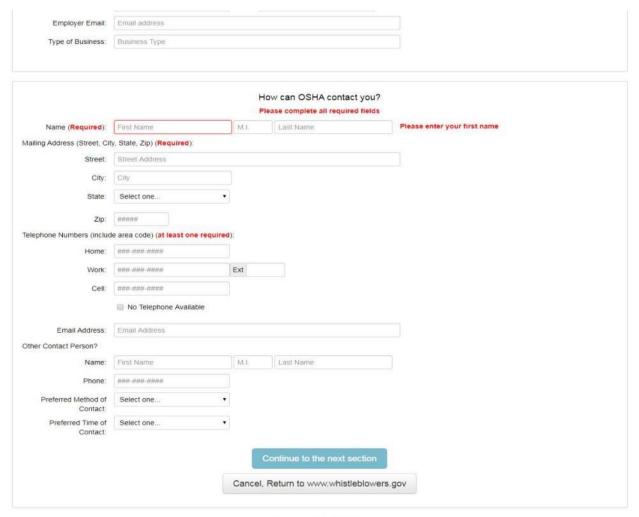
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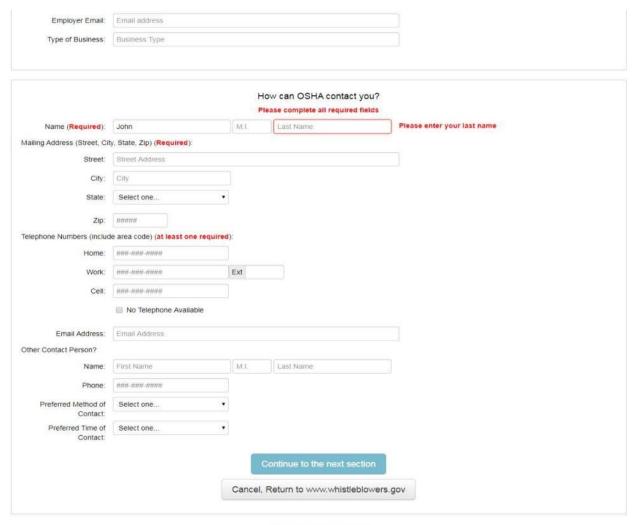
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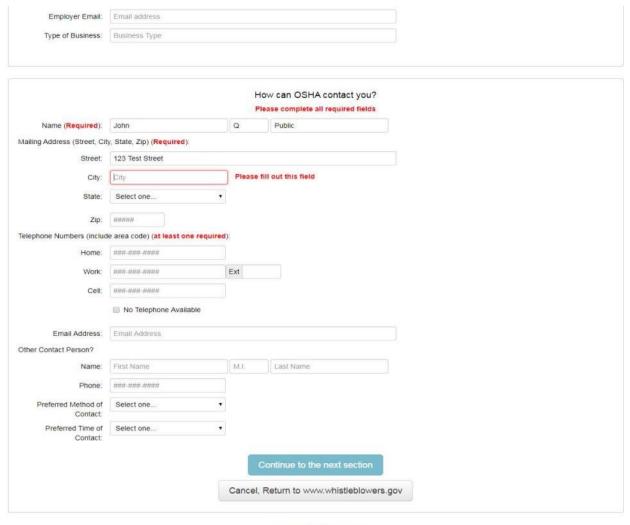
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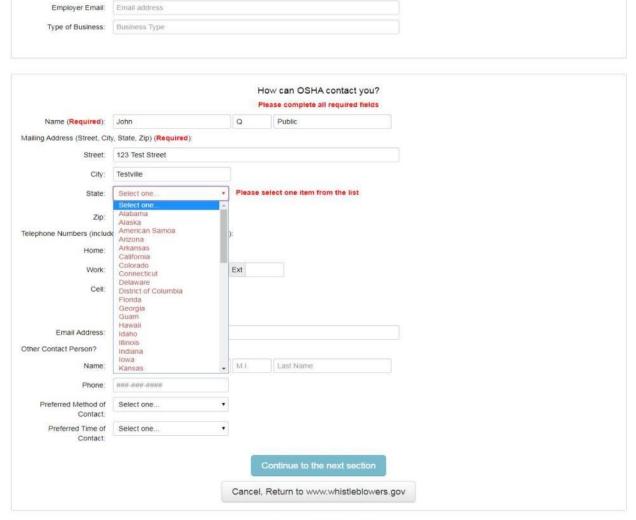
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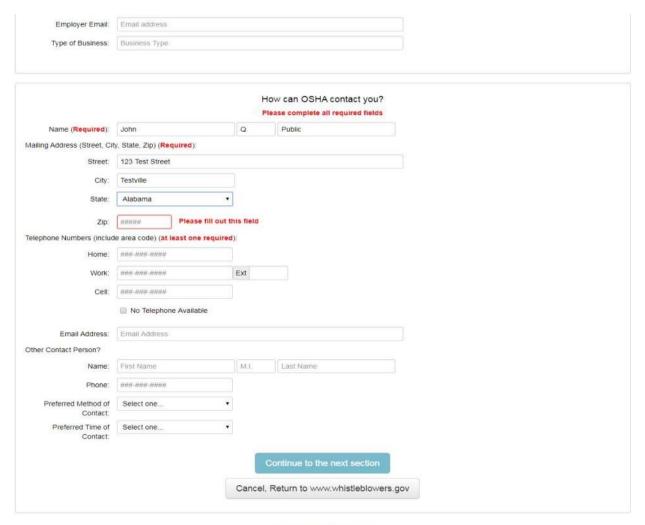
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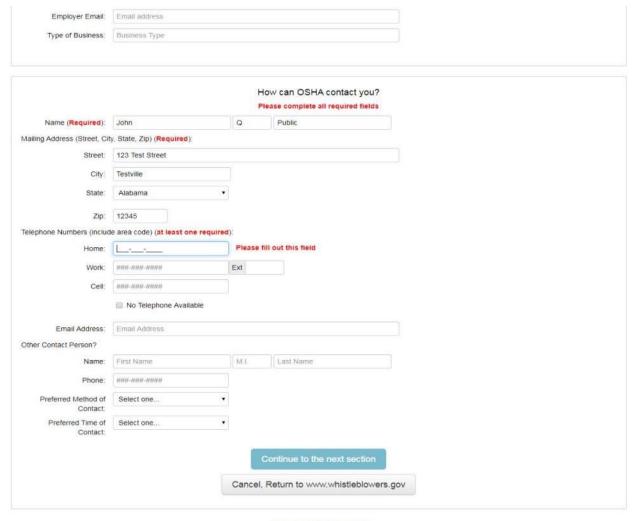
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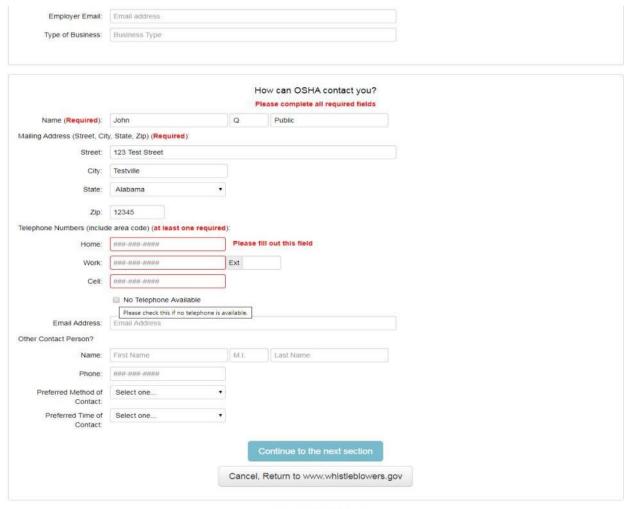
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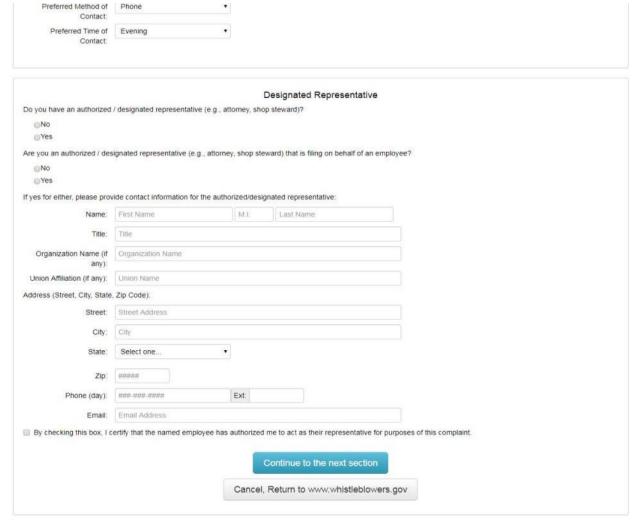
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By checking this box, I certify that the named employee has authorized me to act as their representative for purposes of this complaint.

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.

We 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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Complaint Received!

Thank you! 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.



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