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### 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 retailation against employees who complain about unsafe or unhealthful conditions or exercise other rights under the Act. Each law has a filling deadline, varying from 30 days to 180 days, which starts when the retaliatory action occurs.

- . 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 employment action against the employee;
  The employee's protected activity motivated or contributed to the adverse employment 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 have not suffered an adverse employment action and are only wanting to report a safety or health hazard, or request an inspection, please contact your local OSHA Area Office for further assistance.

All services are free, whether you are documented or not. Please remember that your employer cannot terminate you or in any other manner retaliate against you for filing a complaint with OSHA, or any other government or regulatory agency.

### 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 filled, 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.

### PAPERWORK REDUCTION ACT STATEMENT

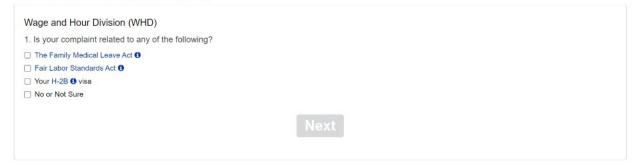
According to the Paperwork Reduction Act, an Agency may not conduct or sponsor, and no persons are required to respond to a collection of information unless such collection displays a valid OMS control number. Public reporting burden for this voluntary collection of information is estimated to be one 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 completed completed to this office.)

OMB Approval # 1218-0236; Expires: 03-31-2027





OSHA is committed to providing excellence customer services to the American workforce. In keeping with our commitment, we know how valuable your time is, therefore, we have provided a questionnaire to better assist you in the whistleblower complaint process, and/or direct you to the appropriate agency.



### PRIVACY ACT STATEMENT

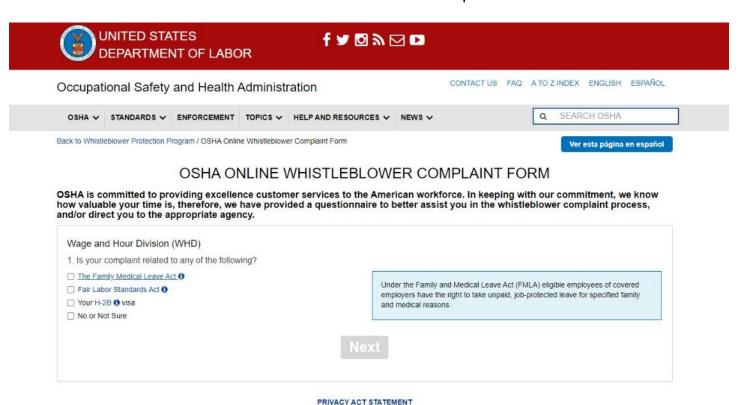
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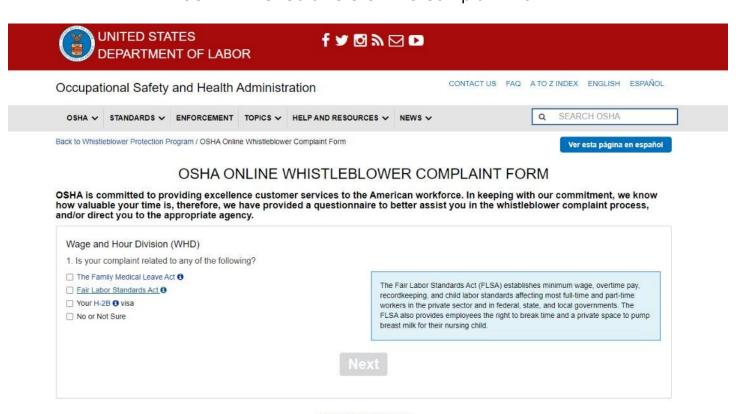
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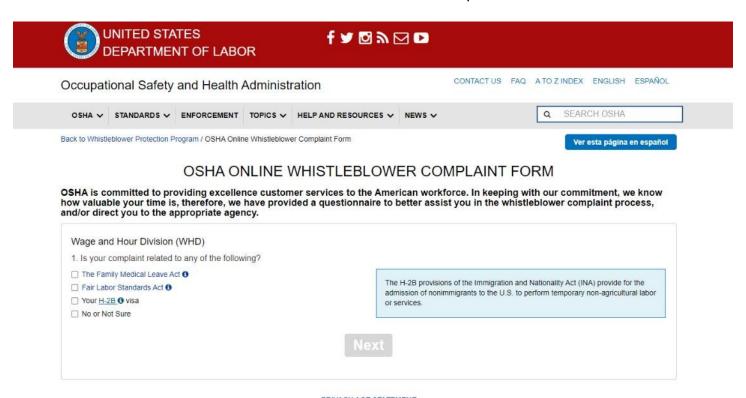




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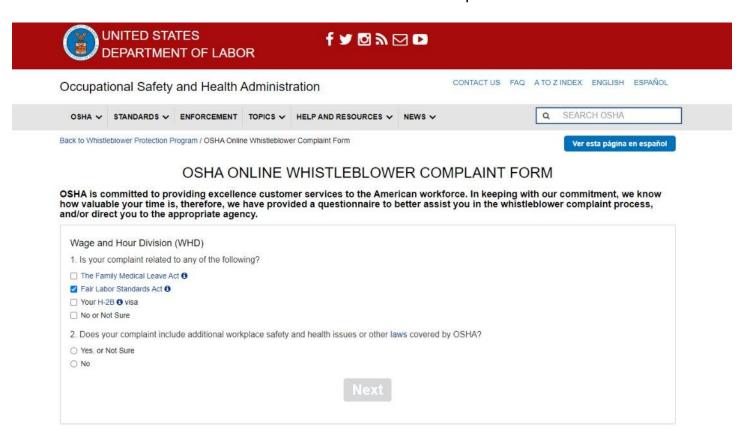
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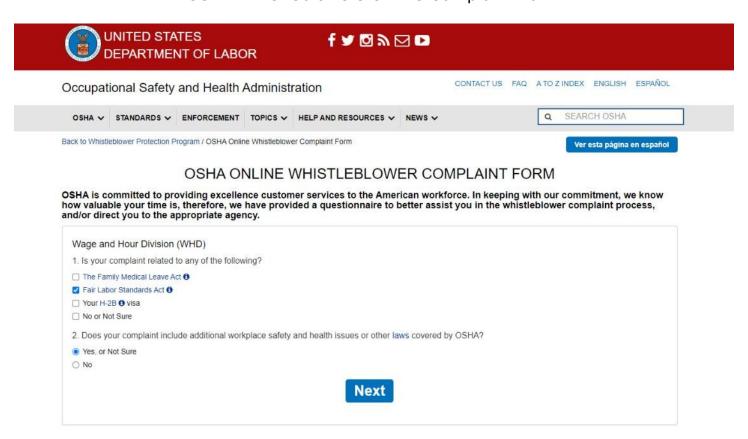




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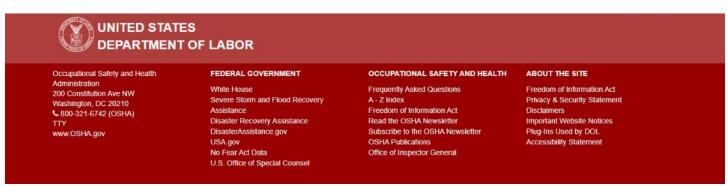
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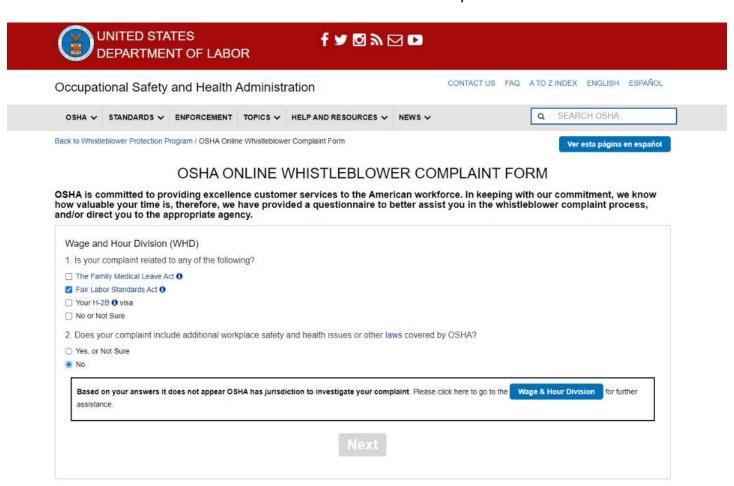




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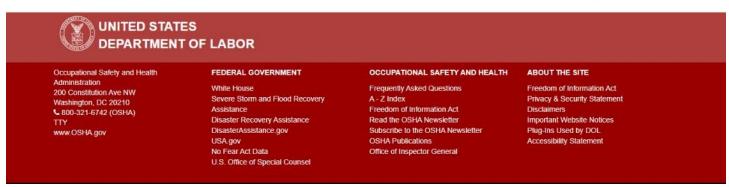
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### PRIVACY ACT STATEMENT

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### National Labor Relations Board (NLRB) 1. Is your complaint related to retaliation - including threats, interrogation, surveillance, discipline, or termination – for engaging in union or protected concerted activity ? Yes No or Not Sure Union activity includes organizing a union, engaging in activity in support of a union, filling a grievance, or enforcing a collective bargaining agreement.

### PRIVACY ACT STATEMENT

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### National Labor Relations Board (NLRB) 1. Is your complaint related to retaliation - including threats, interrogation, surveillance, discipline, or termination — for engaging in union or protected concerted activity or protected concerted activity or more employees who act together to improve their hours, pay, or working conditions - including mistreatment by your employer or workplace health and safety concerns. It can also include activity by a single employee who brings a group complaint to or about their employer or tries to convince co-workers to act together as a group.

### PRIVACY ACT STATEMENT

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### National Labor Relations Board (NLRB)

- 1. Is your complaint related to retaliation including threats, interrogation, surveillance, discipline, or termination for engaging in union 3 or protected concerted activity 3?
- Yes
- No or Not Sure

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<ul> <li>Is your complaint related to retaliation - including three concerted activity <a href="mailto:orcerted">orcerted</a> activity <a href="mailto:orcerted">orcerted&lt;</a></li></ul>	ats, interrogation, surveillance, discipline, or termination – for engaging in union <b>3</b> or protected
Yes	
No or Not Sure	
. Select all that apply:	
Group Action to Improve Wages and/or Benefits	
Union Activities (supporting a union or choosing not to partic	ipate in union activities)
Workplace safety and health issues or other laws covered by	OSHA (By making this selection, it does not preclude you from filing a complaint with the NLRB)
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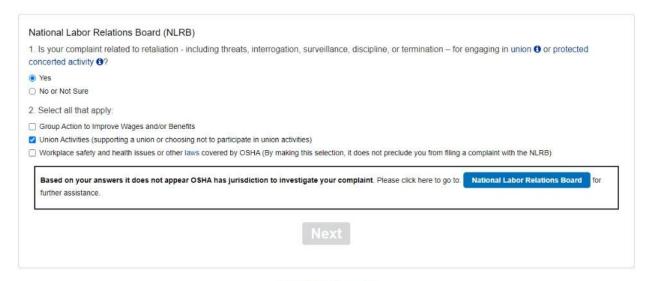
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Are you a fed	eral employee, former federal employee, or applicant for federal employment (not including the United States Postal Service (USPS))?
Yes	
No or Not Sure	
Does your co	implaint involve any of the following laws? (By selecting an option below, it does not preclude you from filing a complaint with the OSC.)
Clean Air Act	
Comprehensive	e Environmental Response, Compensation and Liability Act 😉
Safe Drinking \	Water Act <b>⊕</b>
Solid Waste Di	sposal Act 0 / Resource Conservation and Recovery Act
you are a federa	ell employee and your complaint does not involve any of the above concerns, contact the Office of Special Counsel for further assistance.
your complaint	does involve one of the items listed above then please select the appropriate item(s) to proceed to the next page.
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Yes	
○ No or Not Sure	
2. Does your complaint involve any of the following laws? (By selecting an op-	otion below, it does not preclude you from filing a complaint with the OSC.)
☐ Clean Air Act <b>①</b>	
Comprehensive Environmental Response, Compensation and Liability Act	Protects employees from retaliation for reporting violations of regulations involving accidents, spills, and other emergency releases of pollutants into the environment
Safe Drinking Water Act 1	accidents, spins, and other entergency releases of politicants into the environment
☐ Solid Waste Disposal Act  ↑ Resource Conservation and Recovery Act	
If you are a federal employee and your complaint does not involve any of the above con	ocerns, contact the Office of Special Counsel for further assistance.
f your complaint does involve one of the items listed above then please select the	e appropriate item(s) to proceed to the next page.
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None of the above.	
Genetic Information	
Age Discrimination 6	
Pregnancy 0	
Sex (including sexual orientation, gender identity, and pregnancy)	0
Religious 6	
National Origin 6	
Race/Color 6	
iscrimination • based on the following?	
Retaliation for EEOC Activitity 6	
Benefits 0	
Equal Pay 6	
Harassment 0	
Employer Medical Exams 6	
Disability 6	
Reasonable Accommodation for Disability 1	
yes, do you believe that the conduct is discrimination bases	d on any of the following?
oes your complaint concern conduct such as firing, non-selection or arassment, equal pay, workplace benefits, or any other term, conditi	non-promotion, a reasonable accommodation, disability-related inquiries and employer medical exams, on, privilege of employment?
qual Employment Opportunity Commission (EEOC)	

### PRIVACY ACT STATEMENT PAPERWORK REDUCTION ACT STATEMENT



Does your complaint concern conduct such as firing, non-selection or non-promotion, a r	easonable accommodation, disability related inquiries and employer medical evams
narassment, equal pay, workplace benefits, or any other term, condition, privilege of emp	[19] [18] [18] [18] [18] [18] [18] [18] [18
f yes, do you believe that the conduct is discrimination based on any of the fo	ollowing?
Reasonable Accommodation for Disability 1	
Disability 6	Reasonable accommodations are required under three different laws enforced by the EEOC:
Employer Medical Exams 0	
Harassment 6	<ol> <li>The Americans with Disabilities Act/Rehabilitation Act (requiring a change to the work environment or in the way)</li> </ol>
☐ Equal Pay <b>6</b>	that things are usually done to help someone with a
Benefits 0	disability apply for a job, perform the duties of a job, or
Retaliation for EEOC Activitity 9	enjoy the benefits and privileges of employment);  2. Title VII of the Civil Rights Act of 1964 (requiring adjustments to the work environment that will allow a applicant or employee to comply with their sincerely
Discrimination <b>3</b> based on the following?	
Race/Color 6	religious beliefs, practices, or observances ); and
National Origin 6	<ol><li>The Pregnant Workers Fairness Act (requiring a change to the work environment or in the way that things are usually</li></ol>
Religious 6	done to help someone with a known limitation related to,
Sex (including sexual orientation, gender identity, and pregnancy) 0	affected by, or arising out of pregnancy, childbirth, or a
Pregnancy 0	related medical condition apply for a job, perform the duties
Age Discrimination 6	of a job, enjoy the benefits and privileges of employment, o temporarily suspend the essential functions of a job.
Genetic Information 6	temporarily suspend the essential functions of a job.
None of the above.	
	lovt

### PRIVACY ACT STATEMENT

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Equal Employment Opportunity Commission (EEOC)	
Does your complaint concern conduct such as firing, non-selection or non-promotion, a harassment, equal pay, workplace benefits, or any other term, condition, privilege of en	reasonable accommodation, disability-related inquiries and employer medical exams, nployment?
If yes, do you believe that the conduct is discrimination based on any of the	following?
Reasonable Accommodation for Disability ①  Disability ①  Employer Medical Exams ①  Harassment ①  Equal Pay ①  Benefits ①  Retaliation for EEOC Activitity ①  Discrimination ① based on the following?	Under federal law, a person has a disability if:  1. the person has a physical or mental impairment that substantially limits one or more major life activities;  2. has a history of such an impairment, or  3. is subjected to an adverse employment action because of a physical or mental impairment the individual actually has or is perceived to have, except if their impairment, or perceived impairment is transitory (lasting or expected to last six months or less) and minor.
Race/Color	
□ None of the above.	
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Equal Employment Opportunity Commission (EEOC)	
Does your complaint concern conduct such as firing, non-selection or non-promotion, harassment, equal pay, workplace benefits, or any other term, condition, privilege of e	a reasonable accommodation, disability-related inquiries and employer medical exams, imployment?
If yes, do you believe that the conduct is discrimination based on any of the	following?
Reasonable Accommodation for Disability	
☐ Disability <b>①</b>	Restrictions on when and how much medical information an employer may obtain about any applicant or employee.
☐ Employer Medical Exams <b>6</b>	employer may obtain about any applicant or employee.
☐ Harassment <b>6</b>	
☐ Equal Pay <b>6</b>	
Benefits 0	
Retaliation for EEOC Activitity 19	
Discrimination • based on the following?	
Race/Color 0	
National Origin 1	
Religious 0	
☐ Sex (including sexual orientation, gender identity, and pregnancy)	
☐ Pregnancy <b>0</b>	
☐ Age Discrimination <b>6</b>	
☐ Genetic Information <b>6</b>	
None of the above.	
	Mande

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Equal Employment Opportunity Commission (EEOC)	
Does your complaint concern conduct such as firing, non-selection or non-prom harassment, equal pay, workplace benefits, or any other term, condition, privileg	otion, a reasonable accommodation, disability-related inquiries and employer medical exams, ge of employment?
If yes, do you believe that the conduct is discrimination based on any	of the following?
Reasonable Accommodation for Disability 6	
☐ Disability <b>6</b>	Harassment is unwelcome conduct that is based on race, color, religion, sex (including sexual orientation & gender identity),
☐ Employer Medical Exams <b>①</b>	pregnancy, national origin, older age (beginning at age 40),
Harassment 6	disability, or genetic information including family medical history.
☐ Equal Pay <b>6</b>	
☐ Benefits <b>6</b>	
Retaliation for EEOC Activitity 6	
Discrimination <b>9</b> based on the following?	
□ Race/Color <b>0</b>	
National Origin	
Religious 6	
Sex (including sexual orientation, gender identity, and pregnancy) 6	
☐ Pregnancy <b>6</b>	
☐ Age Discrimination <b>6</b>	
Genetic Information 6	
☐ None of the above.	
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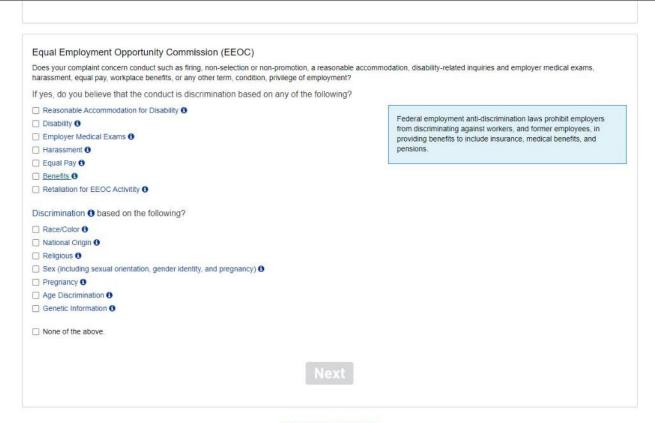


Equal Employment Opportunity Commission (EEOC)	
Does your complaint concern conduct such as firing, non-selection or non-pro narassment, equal pay, workplace benefits, or any other term, condition, privi	motion, a reasonable accommodation, disability-related inquiries and employer medical exams, lege of employment?
f yes, do you believe that the conduct is discrimination based on an	y of the following?
Reasonable Accommodation for Disability 0	
☐ Disability <b>6</b>	The Equal Pay Act requires that men and women in the same workplace be given equal pay for equal work. The jobs need not be
☐ Employer Medical Exams <b>③</b>	identical, but they must be substantially equal. Job content (not job
☐ Harassment <b>6</b>	titles) determines whether jobs are substantially equal.
Equal Pay 0	
Benefits 6	
Retaliation for EEOC Activitity 6	
Discrimination <b>6</b> based on the following?	
Race/Color 🐧	
National Origin 6	
Religious 🐧	
Sex (including sexual orientation, gender identity, and pregnancy) 6	
Pregnancy 6	
☐ Age Discrimination <b>6</b>	
Genetic Information 6	
None of the above.	
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### PRIVACY ACT STATEMENT

### PAPERWORK REDUCTION ACT STATEMENT





### PRIVACY ACT STATEMENT PAPERWORK REDUCTION ACT STATEMENT



Does your complaint concern conduct such as firing, non-selection or non-promotion, a reason	onable accommodation, disability-related inquiries and employer medical exams
harassment, equal pay, workplace benefits, or any other term, condition, privilege of employer	
If yes, do you believe that the conduct is discrimination based on any of the follow	ving?
Reasonable Accommodation for Disability 0	
☐ Disability <b>①</b>	EEO laws prohibit punishing job applicants or employees for asserting their rights under EEO laws or their right to be free from
☐ Employer Medical Exams <b>①</b>	employment discrimination, including harassment. Asserting these
Harassment 6	EEO rights is called 'protected activity' and it can take many forms
☐ Equal Pay <b>6</b>	For example, it is unlawful to retaliate against applicants or employees for filing or being a witness in an EEO charge,
☐ Benefits <b>6</b>	complaint, investigation, or lawsuit; reasonably opposing or
Retaliation for EEOC Activitity.	communicating with a supervisor or manager about employment discrimination, including harassment, and answering questions
Discrimination 6 based on the following?	during an employer investigation of alleged harassment, among many other examples.
Race/Color 0	
☐ National Origin <b>6</b>	
Religious 0	
☐ Sex (including sexual orientation, gender identity, and pregnancy)	
☐ Pregnancy <b>6</b>	
Age Discrimination 6	
☐ Genetic Information <b>6</b>	
None of the above.	
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### PRIVACY ACT STATEMENT PAPERWORK REDUCTION ACT STATEMENT



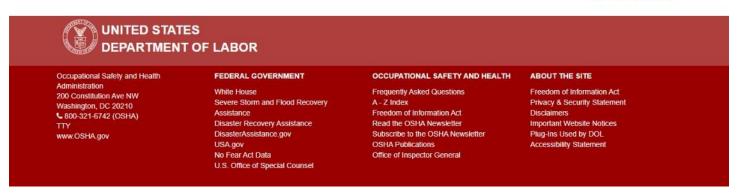
Equal Employment Opportunity Commission (EEOC)	
Does your complaint concern conduct such as firing, non-selection or non-promotion harassment, equal pay, workplace benefits, or any other term, condition, privilege of	, a reasonable accommodation, disability-related inquiries and employer medical exams, employment?
If yes, do you believe that the conduct is discrimination based on any of th	e following?
Reasonable Accommodation for Disability	
☐ Disability <b>①</b>	To discriminate against someone means to treat that person differently, or less favorably, for a prohibited reason (see race/color,
☐ Employer Medical Exams <b>6</b>	etc. below), or because of their association with someone for a
☐ Harassment <b>6</b>	prohibited reason (such as refusing to hire someone because of
☐ Equal Pay <b>①</b>	their spouse's race or religion).
☐ Benefits <b>6</b>	
Retaliation for EEOC Activitity 6	
Discrimination	
□ National Origin ❸	
Religious 0	
Sex (including sexual orientation, gender identity, and pregnancy) 6	
□ Pregnancy €	
☐ Age Discrimination ❸	
☐ Genetic Information <b>6</b>	
None of the above.	

### PRIVACY ACT STATEMENT PAPERWORK REDUCTION ACT STATEMENT



Equal Employment Opportunity Commission (EEOC)	
Does your complaint concern conduct such as firing, non-selection or non-promotic harassment, equal pay, workplace benefits, or any other term, condition, privilege or the control of the control of t	on, a reasonable accommodation, disability-related inquiries and employer medical exams, of employment?
If yes, do you believe that the conduct is discrimination based on any of	the following?
Reasonable Accommodation for Disability 6	
☐ Disability <b>①</b>	Race discrimination involves treating someone (an applicant or employee) unfavorably because he/she is of a certain race or
☐ Employer Medical Exams ❸	because of personal characteristics associated with race (such as
☐ Harassment <b>6</b>	hair texture, skin color, or certain facial features).
☐ Equal Pay <b>①</b>	Color discrimination involves treating someone unfavorably
☐ Benefits <b>6</b>	because of skin color/complexion (such as treating someone who is
Retaliation for EEOC Activitity 1	darker-skinned unfavorably in comparison to a lighter-skinned person from the same race).
Discrimination • based on the following?	
Race/Color 0	
☐ National Origin <b>6</b>	
Religious 0	
☐ Sex (including sexual orientation, gender identity, and pregnancy)	
☐ Pregnancy <b>6</b>	
☐ Age Discrimination <b>6</b>	
☐ Genetic Information ❸	
☐ None of the above.	

### PRIVACY ACT STATEMENT PAPERWORK REDUCTION ACT STATEMENT



Equal Employment Opportunity Commission (EEOC)	
Does your complaint concern conduct such as firing, non-selection or non-prom narassment, equal pay, workplace benefits, or any other term, condition, privileg	otlon, a reasonable accommodation, disability-related inquiries and employer medical exams, ge of employment?
f yes, do you believe that the conduct is discrimination based on any	of the following?
Reasonable Accommodation for Disability 6	
☐ Disability <b>①</b>	Discrimination involves treating people (applicants or employees) unfavorably because they are from a particular country or part of
☐ Employer Medical Exams <b>6</b>	the world, because of ethnicity or accent, or because they appear
Harassment 6	to be of a certain ethnic background, even if they are not.
☐ Equal Pay <b>①</b>	
☐ Benefits <b>6</b>	
Retaliation for EEOC Activitity 1	
Discrimination • based on the following?	
Race/Color 6	
National Origin 6	
Religious 0	
Sex (including sexual orientation, gender identity, and pregnancy) •	
☐ Pregnancy <b>6</b> ☐ Age Discrimination <b>6</b>	
Genetic Information 6	
_ Schelle mornation &	
None of the above.	

### PRIVACY ACT STATEMENT PAPERWORK REDUCTION ACT STATEMENT



Equal Employment Opportunity Commission (EEOC)	
Does your complaint concern conduct such as firing, non-selection or non-promotion, a re harassment, equal pay, workplace benefits, or any other term, condition, privilege of empl	
If yes, do you believe that the conduct is discrimination based on any of the fol	lowing?
Reasonable Accommodation for Disability	
☐ Disability <b>①</b>	Religious discrimination involves treating an applicant or employee unfavorably because of his or her religious beliefs. The law protects
☐ Employer Medical Exams <b>0</b>	not only people who belong to traditional, organized religions, such
☐ Harassment ❸	as Buddhism, Christianity, Hinduism, Islam, and Judaism, but also
☐ Equal Pay <b>6</b>	others who have sincerely held religious, ethical or moral beliefs, including a sincerely held belief in the absence of religion.
☐ Benefits <b>6</b>	including a sincerely field belief in the absence of feligion.
Retaliation for EEOC Activitity 6	
Discrimination ❸ based on the following?  ☐ Race/Color ❹  ☐ National Origin ❸	
Religious 0	
☐ Sex (including sexual orientation, gender identity, and pregnancy) ●	
☐ Pregnancy <b>6</b>	
☐ Age Discrimination <b>6</b>	
☐ Genetic Information <b>6</b>	
□ None of the above.	

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Does your complaint concern conduct such as firing, non-selection or non-promotion harassment, equal pay, workplace benefits, or any other term, condition, privilege or the second such as the second seco	on, a reasonable accommodation, disability-related inquiries and employer medical exams, of employment?
If yes, do you believe that the conduct is discrimination based on any of	the following?
Reasonable Accommodation for Disability 6	
☐ Disability <b>①</b>	Sex discrimination involves treating someone (an applicant or employee) unfavorably because of that person's sex, including the
☐ Employer Medical Exams ❸	person's sexual orientation, gender identity, or pregnancy. The
Harassment 0	EEOC enforces three federal laws that protect job applicants and
☐ Equal Pay <b>6</b>	employees on the basis of pregnancy and related conditions – The Pregnant Workers Fairness Act, Title VII of the Civil Rights Act of
Benefits 6	1964, and the Americans with Disabilities Act. These protections
Retaliation for EEOC Activitity 1	include the right to reasonable accommodation.
Discrimination 6 based on the following?	
Race/Color 0	
☐ National Origin <b>6</b>	
Religious 0	
Sex (including sexual orientation, gender identity, and pregnancy).	
☐ Pregnancy <b>6</b>	
☐ Age Discrimination <b>⑤</b>	
☐ Genetic Information ❸	
None of the above.	

### PRIVACY ACT STATEMENT PAPERWORK REDUCTION ACT STATEMENT



Equal Employment Opportunity Commission (EEOC)	
Obes your complaint concern conduct such as firing, non-selection or non-promotion, a reasc larassment, equal pay, workplace benefits, or any other term, condition, privilege of employn	
f yes, do you believe that the conduct is discrimination based on any of the follow	ving?
Reasonable Accommodation for Disability 6	
Disability 0	Discrimination involves treating a woman (an applicant or employee) unfavorably because of pregnancy, childbirth, or a
Employer Medical Exams 6	medical condition related to pregnancy or childbirth.
Harassment 0	of 1989 (1990)
Equal Pay 0	
Benefits 6	
Retaliation for EEOC Activitity 1	
Discrimination • based on the following?	
Race/Color •	
National Origin 6	
Religious 0	
Sex (including sexual orientation, gender identity, and pregnancy) 6	
Pregnancy •	
☐ Age Discrimination <b>⑤</b>	
Genetic Information 6	
None of the above.	
Ne	xt

### PRIVACY ACT STATEMENT PAPERWORK REDUCTION ACT STATEMENT



Equal Employment Opportunity Commission (EEOC)	
	metion a reasonable accommedation disability related inquiries and employer medical events
harassment, equal pay, workplace benefits, or any other term, condition, privil	omotion, a reasonable accommodation, disability-related inquiries and employer medical exams, lege of employment?
If yes, do you believe that the conduct is discrimination based on an	y of the following?
Reasonable Accommodation for Disability	
☐ Disability <b>①</b>	Age Discrimination in Employment Act forbids age discrimination against people who are age 40 or older. It does not protect worker
☐ Employer Medical Exams ❸	under the age of 40, although some states have laws that protect
☐ Harassment <b>6</b>	younger workers from age discrimination.
☐ Equal Pay <b>①</b>	
☐ Benefits <b>6</b>	
Retaliation for EEOC Activitity 1	
Discrimination <b>6</b> based on the following?	
Race/Color •	
■ National Origin    ■	
Religious 0	
Sex (including sexual orientation, gender identity, and pregnancy) 6	
☐ Pregnancy <b>①</b>	
☐ Age Discrimination <b>9</b>	
☐ Genetic Information <b>6</b>	
□ None of the above.	
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### PRIVACY ACT STATEMENT PAPERWORK REDUCTION ACT STATEMENT



Equal Employment Opportunity Commission (EEOC)	
Does your complaint concern conduct such as firing, non-selection or non-promotion, a re harassment, equal pay, workplace benefits, or any other term, condition, privilege of empl	
If yes, do you believe that the conduct is discrimination based on any of the fol	lowing?
Reasonable Accommodation for Disability	
☐ Disability <b>①</b>	It is illegal to discriminate against employees or applicants becaus
☐ Employer Medical Exams <b>6</b>	of genetic information. Genetic information includes family medical history, as well as information about genetic tests, among other
☐ Harassment <b>6</b>	things.
☐ Equal Pay <b>①</b>	
Benefits 0	
Retaliation for EEOC Activitity	
Discrimination 6 based on the following?	
Race/Color 6	
National Origin 6	
Religious 0	
Sex (including sexual orientation, gender identity, and pregnancy) 6	
☐ Pregnancy <b>0</b>	
☐ Age Discrimination <b>9</b>	
Genetic Information 6	
None of the above.	

# PRIVACY ACT STATEMENT PAPERWORK REDUCTION ACT STATEMENT



Does your complaint concern conduct	such as firing, non-selection or non-promotion, a reasonable accommodation, disability-related inquiries and employer medical exams,
harassment, equal pay, workplace ber	nefits, or any other term, condition, privilege of employment?
If yes, do you believe that the cor	nduct is discrimination based on any of the following?
Reasonable Accommodation for Di	isability •
☐ Disability <b>6</b>	
☐ Employer Medical Exams ❸	
☐ Harassment <b>6</b>	
☐ Equal Pay <b>6</b>	
☐ Benefits <b>6</b>	
Retaliation for EEOC Activitity 6	
Discrimination <b>1</b> based on the fol	llowing?
Race/Color 6	
☐ National Origin <b>6</b>	
Religious 0	
<ul> <li>Sex (including sexual orientation, g</li> </ul>	gender identity, and pregnancy) 6
☐ Pregnancy <b>6</b>	
Age Discrimination 6	
Genetic Information 6	
☐ None of the above.	
Does your complaint include addi	itional workplace safety and health issues or other laws covered by OSHA?
Yes, or Not Sure	
No	

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ual Employment Opportunity Commission (EEOC)
es your complaint concern conduct such as firing, non-selection or non-promotion, a reasonable accommodation, disability-related inquiries and employer medical exams, assment, equal pay, workplace benefits, or any other term, condition, privilege of employment?
es, do you believe that the conduct is discrimination based on any of the following?
Reasonable Accommodation for Disability
Disability 6
Employer Medical Exams €
Harassment 🐧
Equal Pay <b>6</b>
Benefits 6
Retaliation for EEOC Activitity 6
crimination • based on the following?
Race/Color •
National Origin ❸
Religious 6
Sex (including sexual orientation, gender identity, and pregnancy) 🚯
Pregnancy 6
Age Discrimination <b>⊕</b>
Genetic Information
None of the above.
es your complaint include additional workplace safety and health issues or other laws covered by OSHA?
Yes, or Not Sure
NO NO
Next

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Is your complaint regarding retaliat	tion for reporting the following?
Select all that apply:	
☑ Workplace safety and health issues or other than the same of the same o	her laws covered by OSHA.
Reporting a work-related injury or illness.	
☐ Filing a complaint or reporting regulatory	violations to OSHA or any other federal government or regulatory agency other than WHD, OSC, NLRB and EEOC.
Refusing to perform a task the employee	believes is dangerous or illegal.
Other (Please Specify)	
please describe	
If you have not experienced retaliation for rephttps://www.osha.gov/form/ecorrespondence	porting any of the above items and are wanting to make a general inquiry regarding whistleblower protection, please visit
If you have not experienced retaliation for replease call (800) 321-6742 (OSHA) or visit h	porting any of the above items and are wanting to file a safety and health complaint or would like to speak to an OSHA Compliance Office https://www.osha.gov/workers/file-complaint
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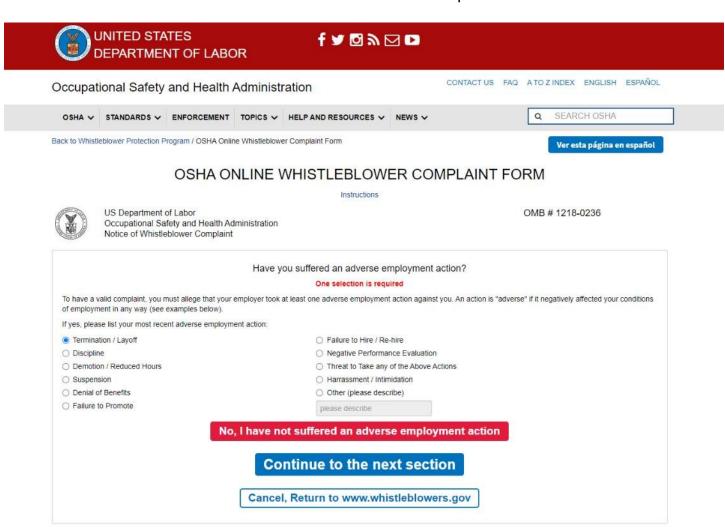
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# OSHA ONLINE WHISTLEBLOWER COMPLAINT FORM



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#### When did you suffer the most-recent adverse employment action?

Each whistleblower protection law that OSHA administers requires that complaints be filed within a certain number of days after the alleged adverse employment 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 employment actionadverse employment action. Under certain extenuating circumstances, however, OSHA may accept a complaint filed after the deadline has expired. Review a summary of the filing deadlines that apply to each statute.

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

(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: Filing Requirements ☐ Called / Filed complaint with OSHA ☐ Because you engaged in protected concerted activities regarding workplace safety and/or health activities ☐ Called / Filed complaint with another government agency Reported an injury, illness, or accident Name of Agency Contacted Participated in safety and health activities Complained to management about unlawful conditions, conduct, or practices Refusing to perform a task the employee believes is dangerous or illegal ☐ Testified or provided statement in a proceeding (e.g., government inspection or Other (please describe below) Why do you believe you suffered adverse employment action(s)? Please describe why you believe you suffered the adverse employment action(s) Is there anything else that you would like OSHA to know about what happened? 0 / 2000 Please do not include witness names or their contact information 0 / 2000 Cancel, Return to www.whistleblowers.gov

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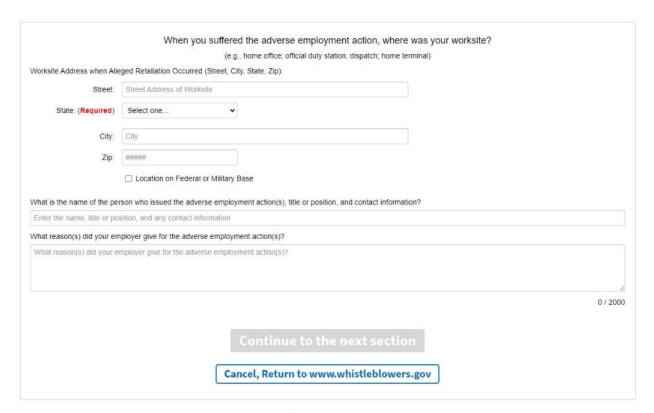




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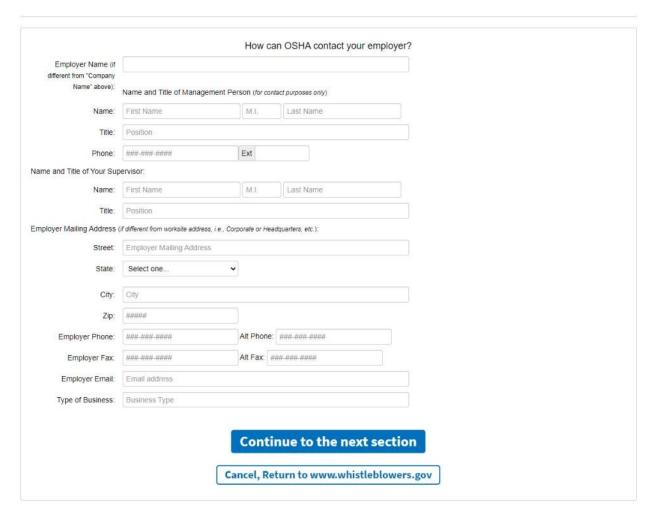
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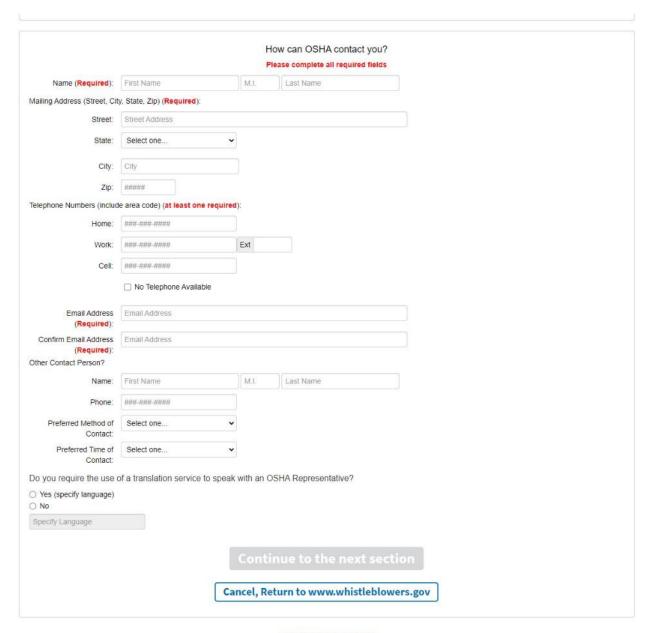
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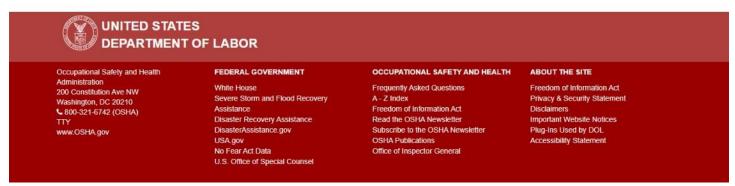


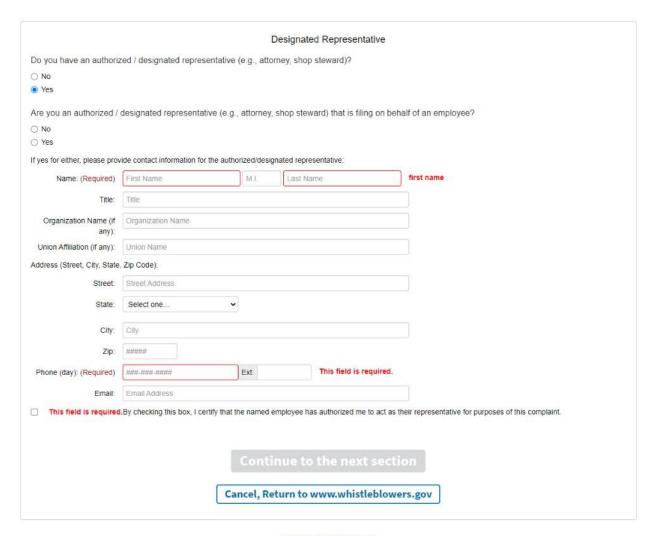
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#### Submission

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.

Filing a complaint with OSHA does not preclude you from filing a complaint with another government or regulatory agency, i.e., WHD, NLRB, OSC, EEOC, etc.

All services are free, whether you are documented or not. Please remember that your employer cannot terminate you or in any other manner retaliate against you for filing a complaint with OSHA, or any other government or regulatory agency.

### **SUBMIT** your complaint to OSHA

Cancel, Return to www.whistleblowers.gov

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