

OSHA Whistleblowers Online Complaint Form



UNITED STATES
DEPARTMENT OF LABOR



Occupational Safety and Health Administration

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EMERGENCY NOTICE: Do Not Report an Emergency Using this Form or Email!

To report an emergency, fatality, or imminent life threatening situation please contact our toll free number immediately:

1-800-321-OSHA (6742)

TTY 1-877-889-5627

Introduction & Instructions

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

A whistleblower complaint must allege four key elements:

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

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 N4824, 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: 03-31-2027

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Wage and Hour Division (WHD)

1. Is your complaint related to any of the following?

- The Family Medical Leave Act
- Fair Labor Standards Act
- Your H-2B visa
- No or Not Sure

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1. Is your complaint related to any of the following?

- [The Family Medical Leave Act](#)
- [Fair Labor Standards Act](#)
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- No or Not Sure

Under the Family and Medical Leave Act (FMLA) eligible employees of covered employers have the right to take unpaid, job-protected leave for specified family and medical reasons.

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The Fair Labor Standards Act (FLSA) establishes minimum wage, overtime pay, recordkeeping, and child labor standards affecting most full-time and part-time workers in the private sector and in federal, state, and local governments. The FLSA also provides employees the right to break time and a private space to pump breast milk for their nursing child.

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- Fair Labor Standards Act
- Your [H-2B](#) visa
- No or Not Sure

The H-2B provisions of the Immigration and Nationality Act (INA) provide for the admission of nonimmigrants to the U.S. to perform temporary non-agricultural labor or services.

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2. Does your complaint include additional workplace safety and health issues or other laws covered by OSHA?

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- No or Not Sure

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- Yes, or Not Sure
- No

Based on your answers it does not appear OSHA has jurisdiction to investigate your complaint. Please click here to go to the [Wage & Hour Division](#) for further assistance.

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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, filing a grievance, or enforcing a collective bargaining agreement.

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- Yes
- No or Not Sure

Activity by two 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.

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

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- Yes
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2. Select all that apply:

- Group Action to Improve Wages and/or Benefits
- Union Activities (supporting a union or choosing not to participate 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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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

2. Select all that apply:

- Group Action to Improve Wages and/or Benefits
- Union Activities (supporting a union or choosing not to participate 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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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

2. Select all that apply:

- Group Action to Improve Wages and/or Benefits
- Union Activities (supporting a union or choosing not to participate 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)

Based on your answers it does not appear OSHA has jurisdiction to investigate your complaint. Please click here to go to: [National Labor Relations Board](#) for further assistance.

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Office of Special Counsel (OSC)

1. Are you a federal employee, former federal employee, or applicant for federal employment (not including the United States Postal Service (USPS))?

- Yes
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- Yes
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- Yes
 No or Not Sure

2. Does your complaint 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 Environmental Response, Compensation and Liability Act ⓘ
 Safe Drinking Water Act ⓘ
 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 concerns, contact the [Office of Special Counsel](#) for further assistance.

If 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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- [Clean Air Act](#) ⓘ
 Comprehensive Environmental Response, Compensation and Liability Act ⓘ
 Safe Drinking Water Act ⓘ
 Solid Waste Disposal Act ⓘ / Resource Conservation and Recovery Act

Protects employees from retaliation for reporting violations of the Act, which provides for the development and enforcement of standards regarding air quality and air pollution.

If you are a federal employee and your complaint does not involve any of the above concerns, contact the [Office of Special Counsel](#) for further assistance.

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 No or Not Sure

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- Clean Air Act ⓘ
 Comprehensive Environmental Response, Compensation and Liability Act ⓘ
 Safe Drinking Water Act ⓘ
 Solid Waste Disposal Act ⓘ / Resource Conservation and Recovery Act

Protects employees from retaliation for reporting violations of regulations involving accidents, spills, and other emergency releases of pollutants into the environment.

If you are a federal employee and your complaint does not involve any of the above concerns, contact the [Office of Special Counsel](#) for further assistance.

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- Clean Air Act ⓘ
 Comprehensive Environmental Response, Compensation and Liability Act ⓘ
 Safe Drinking Water Act ⓘ
 Solid Waste Disposal Act ⓘ / Resource Conservation and Recovery Act

Protects employees from retaliation for reporting violations of the Act, which requires that all drinking water systems assure that their water is potable as determined by the Environmental Protection Agency.

If you are a federal employee and your complaint does not involve any of the above concerns, contact the [Office of Special Counsel](#) for further assistance.

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 Safe Drinking Water Act ⓘ
 [Solid Waste Disposal Act](#) ⓘ / Resource Conservation and Recovery Act

Protects employees from retaliation for reporting violations of the law that regulates the disposal of solid waste. This statute is also known as the Resource Conservation and Recovery Act.

If you are a federal employee and your complaint does not involve any of the above concerns, contact the [Office of Special Counsel](#) for further assistance.

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Equal Employment Opportunity Commission (EEOC)

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 benefits, or any other term, condition, privilege of employment?

If yes, do you believe that the conduct is discrimination based on any of the following?

- Reasonable Accommodation for Disability ⓘ
- Disability ⓘ
- Employer Medical Exams ⓘ
- Harassment ⓘ
- Equal Pay ⓘ
- Benefits ⓘ
- Retaliation for EEOC Activity ⓘ

Discrimination ⓘ based on the following?

- Race/Color ⓘ
- National Origin ⓘ
- Religious ⓘ
- Sex (including sexual orientation, gender identity, and pregnancy) ⓘ
- Pregnancy ⓘ
- Age Discrimination ⓘ
- Genetic Information ⓘ

- None of the above.

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If yes, do you believe that the conduct is discrimination based on any of the following?

- [Reasonable Accommodation for Disability](#)
- [Disability](#)
- [Employer Medical Exams](#)
- [Harassment](#)
- [Equal Pay](#)
- [Benefits](#)
- [Retaliation for EEOC Activity](#)

Discrimination based on the following?

- [Race/Color](#)
- [National Origin](#)
- [Religious](#)
- [Sex \(including sexual orientation, gender identity, and pregnancy\)](#)
- [Pregnancy](#)
- [Age Discrimination](#)
- [Genetic Information](#)

- None of the above.

Reasonable accommodations are required under three different laws enforced by the EEOC:

1. The Americans with Disabilities Act/Rehabilitation Act (requiring a change to the work environment or in the way that things are usually done to help someone with a disability apply for a job, perform the duties of a job, or 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 an applicant or employee to comply with their sincerely held religious beliefs, practices, or observances); and
3. The Pregnant Workers Fairness Act (requiring a change to the work environment or in the way that things are usually done to help someone with a known limitation related to, affected by, or arising out of pregnancy, childbirth, or a related medical condition apply for a job, perform the duties of a job, enjoy the benefits and privileges of employment, or temporarily suspend the essential functions of a job).

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If yes, do you believe that the conduct is discrimination based on any of the following?

- Reasonable Accommodation for Disability ⓘ
- Disability ⓘ
- Employer Medical Exams ⓘ
- Harassment ⓘ
- Equal Pay ⓘ
- Benefits ⓘ
- Retaliation for EEOC Activity ⓘ

Discrimination ⓘ based on the following?

- Race/Color ⓘ
- National Origin ⓘ
- Religious ⓘ
- Sex (including sexual orientation, gender identity, and pregnancy) ⓘ
- Pregnancy ⓘ
- Age Discrimination ⓘ
- Genetic Information ⓘ

- None of the above.

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.

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- Disability ⓘ
- Employer Medical Exams ⓘ
- Harassment ⓘ
- Equal Pay ⓘ
- Benefits ⓘ
- Retaliation for EEOC Activity ⓘ

Restrictions on when and how much medical information an employer may obtain about any applicant or employee.

Discrimination ⓘ based on the following?

- Race/Color ⓘ
- National Origin ⓘ
- Religious ⓘ
- Sex (including sexual orientation, gender identity, and pregnancy) ⓘ
- Pregnancy ⓘ
- Age Discrimination ⓘ
- Genetic Information ⓘ

- None of the above.

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- Disability ⓘ
- Employer Medical Exams ⓘ
- Harassment ⓘ
- Equal Pay ⓘ
- Benefits ⓘ
- Retaliation for EEOC Activity ⓘ

Harassment is unwelcome conduct that is based on race, color, religion, sex (including sexual orientation & gender identity), pregnancy, national origin, older age (beginning at age 40), disability, or genetic information including family medical history.

Discrimination ⓘ based on the following?

- Race/Color ⓘ
- National Origin ⓘ
- Religious ⓘ
- Sex (including sexual orientation, gender identity, and pregnancy) ⓘ
- Pregnancy ⓘ
- Age Discrimination ⓘ
- Genetic Information ⓘ

- None of the above.

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- Disability ⓘ
- Employer Medical Exams ⓘ
- Harassment ⓘ
- Equal Pay ⓘ
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- Retaliation for EEOC Activity ⓘ

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 identical, but they must be substantially equal. Job content (not job titles) determines whether jobs are substantially equal.

Discrimination ⓘ based on the following?

- Race/Color ⓘ
- National Origin ⓘ
- Religious ⓘ
- Sex (including sexual orientation, gender identity, and pregnancy) ⓘ
- Pregnancy ⓘ
- Age Discrimination ⓘ
- Genetic Information ⓘ

- None of the above.

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If yes, do you believe that the conduct is discrimination based on any of the following?

- Reasonable Accommodation for Disability ⓘ
- Disability ⓘ
- Employer Medical Exams ⓘ
- Harassment ⓘ
- Equal Pay ⓘ
- Benefits ⓘ
- Retaliation for EEOC Activity ⓘ

Federal employment anti-discrimination laws prohibit employers from discriminating against workers, and former employees, in providing benefits to include insurance, medical benefits, and pensions.

Discrimination ⓘ based on the following?

- Race/Color ⓘ
- National Origin ⓘ
- Religious ⓘ
- Sex (including sexual orientation, gender identity, and pregnancy) ⓘ
- Pregnancy ⓘ
- Age Discrimination ⓘ
- Genetic Information ⓘ

- None of the above.

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- Employer Medical Exams ⓘ
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- Benefits ⓘ
- Retaliation for EEOC Activity ⓘ

Discrimination ⓘ based on the following?

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- National Origin ⓘ
- Religious ⓘ
- Sex (including sexual orientation, gender identity, and pregnancy) ⓘ
- Pregnancy ⓘ
- Age Discrimination ⓘ
- Genetic Information ⓘ

- None of the above.

EEO laws prohibit punishing job applicants or employees for asserting their rights under EEO laws or their right to be free from employment discrimination, including harassment. Asserting these EEO rights is called 'protected activity' and it can take many forms. For example, it is unlawful to retaliate against applicants or employees for filing or being a witness in an EEO charge, complaint, investigation, or lawsuit; reasonably opposing or communicating with a supervisor or manager about employment discrimination, including harassment; and answering questions during an employer investigation of alleged harassment, among many other examples.

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To *discriminate* against someone means to treat that person differently, or less favorably, for a prohibited reason (see race/color, etc. below), or because of their association with someone for a prohibited reason (such as refusing to hire someone because of their spouse's race or religion).

Discrimination ⓘ based on the following?

- Race/Color ⓘ
- National Origin ⓘ
- Religious ⓘ
- Sex (including sexual orientation, gender identity, and pregnancy) ⓘ
- Pregnancy ⓘ
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- None of the above.

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- Disability ⓘ
- Employer Medical Exams ⓘ
- Harassment ⓘ
- Equal Pay ⓘ
- Benefits ⓘ
- Retaliation for EEOC Activity ⓘ

Discrimination ⓘ based on the following?

- Race/Color ⓘ
- National Origin ⓘ
- Religious ⓘ
- Sex (including sexual orientation, gender identity, and pregnancy) ⓘ
- Pregnancy ⓘ
- Age Discrimination ⓘ
- Genetic Information ⓘ

- None of the above.

Race discrimination involves treating someone (an applicant or employee) unfavorably because he/she is of a certain race or because of personal characteristics associated with race (such as hair texture, skin color, or certain facial features).

Color discrimination involves treating someone unfavorably because of skin color/complexion (such as treating someone who is darker-skinned unfavorably in comparison to a lighter-skinned person from the same race).

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If yes, do you believe that the conduct is discrimination based on any of the following?

- Reasonable Accommodation for Disability ⓘ
- Disability ⓘ
- Employer Medical Exams ⓘ
- Harassment ⓘ
- Equal Pay ⓘ
- Benefits ⓘ
- Retaliation for EEOC Activity ⓘ

Discrimination involves treating people (applicants or employees) unfavorably because they are from a particular country or part of the world, because of ethnicity or accent, or because they appear to be of a certain ethnic background, even if they are not.

Discrimination ⓘ based on the following?

- Race/Color ⓘ
- National Origin ⓘ
- Religious ⓘ
- Sex (including sexual orientation, gender identity, and pregnancy) ⓘ
- Pregnancy ⓘ
- Age Discrimination ⓘ
- Genetic Information ⓘ

- None of the above.

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If yes, do you believe that the conduct is discrimination based on any of the following?

- Reasonable Accommodation for Disability ⓘ
- Disability ⓘ
- Employer Medical Exams ⓘ
- Harassment ⓘ
- Equal Pay ⓘ
- Benefits ⓘ
- Retaliation for EEOC Activity ⓘ

Religious discrimination involves treating an applicant or employee unfavorably because of his or her religious beliefs. The law protects not only people who belong to traditional, organized religions, such as Buddhism, Christianity, Hinduism, Islam, and Judaism, but also others who have sincerely held religious, ethical or moral beliefs, including a sincerely held belief in the absence of religion.

Discrimination ⓘ based on the following?

- Race/Color ⓘ
- National Origin ⓘ
- Religious ⓘ
- Sex (including sexual orientation, gender identity, and pregnancy) ⓘ
- Pregnancy ⓘ
- Age Discrimination ⓘ
- Genetic Information ⓘ
- None of the above.

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If yes, do you believe that the conduct is discrimination based on any of the following?

- Reasonable Accommodation for Disability ⓘ
- Disability ⓘ
- Employer Medical Exams ⓘ
- Harassment ⓘ
- Equal Pay ⓘ
- Benefits ⓘ
- Retaliation for EEOC Activity ⓘ

Sex discrimination involves treating someone (an applicant or employee) unfavorably because of that person's sex, including the person's sexual orientation, gender identity, or pregnancy. The EEOC enforces three federal laws that protect job applicants and employees on the basis of pregnancy and related conditions – The Pregnant Workers Fairness Act, Title VII of the Civil Rights Act of 1964, and the Americans with Disabilities Act. These protections include the right to reasonable accommodation.

Discrimination ⓘ based on the following?

- Race/Color ⓘ
- National Origin ⓘ
- Religious ⓘ
- Sex (including sexual orientation, gender identity, and pregnancy) ⓘ
- Pregnancy ⓘ
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- None of the above.

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If yes, do you believe that the conduct is discrimination based on any of the following?

- Reasonable Accommodation for Disability ⓘ
- Disability ⓘ
- Employer Medical Exams ⓘ
- Harassment ⓘ
- Equal Pay ⓘ
- Benefits ⓘ
- Retaliation for EEOC Activity ⓘ

Discrimination involves treating a woman (an applicant or employee) unfavorably because of pregnancy, childbirth, or a medical condition related to pregnancy or childbirth.

Discrimination ⓘ based on the following?

- Race/Color ⓘ
- National Origin ⓘ
- Religious ⓘ
- Sex (including sexual orientation, gender identity, and pregnancy) ⓘ
- Pregnancy ⓘ
- Age Discrimination ⓘ
- Genetic Information ⓘ

- None of the above.

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- Employer Medical Exams ⓘ
- Harassment ⓘ
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- Retaliation for EEOC Activity ⓘ

Age Discrimination in Employment Act forbids age discrimination against people who are age 40 or older. It does not protect workers under the age of 40, although some states have laws that protect younger workers from age discrimination.

Discrimination ⓘ based on the following?

- Race/Color ⓘ
- National Origin ⓘ
- Religious ⓘ
- Sex (including sexual orientation, gender identity, and pregnancy) ⓘ
- Pregnancy ⓘ
- Age Discrimination ⓘ
- Genetic Information ⓘ
- None of the above.

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- Employer Medical Exams ⓘ
- Harassment ⓘ
- Equal Pay ⓘ
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It is illegal to discriminate against employees or applicants because of genetic information. Genetic information includes family medical history, as well as information about genetic tests, among other things.

Discrimination ⓘ based on the following?

- Race/Color ⓘ
- National Origin ⓘ
- Religious ⓘ
- Sex (including sexual orientation, gender identity, and pregnancy) ⓘ
- Pregnancy ⓘ
- Age Discrimination ⓘ
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- None of the above.

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- Pregnancy ⓘ
- Age Discrimination ⓘ
- Genetic Information ⓘ
- None of the above.

Does your complaint include additional workplace safety and health issues or other laws covered by OSHA?

- Yes, or Not Sure
- No

Based on your answers it does not appear OSHA has jurisdiction to investigate your complaint. Please click here to go to:

[Equal Employment Opportunity Commission](#) for further assistance.

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- Pregnancy ⓘ
- Age Discrimination ⓘ
- Genetic Information ⓘ
- None of the above.

Does your complaint include additional workplace safety and health issues or other laws covered by OSHA?

- Yes, or Not Sure
- No

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Is your complaint regarding retaliation for reporting the following?

Select all that apply:

- Workplace safety and health issues or other 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)

If you have not experienced retaliation for reporting any of the above items and are wanting to make a general inquiry regarding whistleblower protection, please visit <https://www.osha.gov/form/ecorrespondence>

If you have not experienced retaliation for reporting any of the above items and are wanting to file a safety and health complaint or would like to speak to an OSHA Compliance Officer, please call (800) 321-6742 (OSHA) or visit <https://www.osha.gov/workers/file-complaint>

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Instructions



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Occupational Safety and Health Administration
Notice of Whistleblower Complaint

OMB # 1218-0236

Have you suffered an adverse employment action?

One selection is required

To have a valid complaint, you must allege that your employer took at least one adverse employment action against you. An action is "adverse" if it negatively affected your conditions of employment in any way (see examples below).

If yes, please list your most recent adverse employment action:

- Termination / Layoff
- Discipline
- Demotion / Reduced Hours
- Suspension
- Denial of Benefits
- Failure to Promote
- Failure to Hire / Re-hire
- Negative Performance Evaluation
- Threat to Take any of the Above Actions
- Harrassment / Intimidation
- Other (please describe)

No, I have not suffered an adverse employment action

Continue to the next section

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

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Occupational Safety and Health Administration
Notice of Whistleblower Complaint

OMB # 1218-0236

Have you suffered an adverse employment action?

One selection is required

To have a valid complaint, you must allege that your employer took at least one adverse employment action against you. An action is "adverse" if it negatively affected your conditions of employment in any way (see examples below).

If yes, please list your most recent adverse employment action.

- Termination / Layoff
- Discipline
- Demotion / Reduced Hours
- Suspension
- Denial of Benefits
- Failure to Promote

OSHA's whistleblower protection laws only cover employees that have suffered a negative employment action, also known as an adverse employment action. To submit a whistleblower complaint to OSHA, you must allege that you suffered some type of adverse employment action. To learn more about whistleblower protection laws, return to www.whistleblowers.gov, or call 1-800-321-OSHA to speak with an OSHA representative. 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.

No, I have not suffered an adverse employment action

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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 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.](#)

Date of Most-Recent Adverse Employment Action (**Required** - please enter mm/dd/yyyy)

03/28/2024

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

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

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

Please check all that apply:

Filing Requirements

- Called / Filed complaint with OSHA
- Called / Filed complaint with another government agency
- Complained to management about unlawful conditions, conduct, or practices
- Testified or provided statement in a proceeding (e.g., government inspection or investigation)
- Because you engaged in protected concerted activities regarding workplace safety and/or health activities
- Reported an injury, illness, or accident
- Participated in safety and health activities
- Refusing to perform a task the employee believes is dangerous or illegal
- 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?

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Please do not include witness names or their contact information

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

Company Name (Required)

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

Private

Public

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Company Name
(Required)

Is this a private or public sector employer?
 Private
 Public
 Federal
 State, County, Municipal, or Territorial

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ATTENTION

Coverage of federal employees varies by statute. With the exception of U.S. Postal Service employees, the OSH Act does not protect federal employees from retaliation. However, all federal agencies are required to establish procedures to ensure that no employee suffers retaliation for reporting unsafe or unhealthful working conditions, or for otherwise engaging in safety and health activities. If you are a federal employee and you are unsure if you are covered by a statute OSHA administers, please call 1-800-321-OSHA (6742) for assistance, or visit www.whistleblowers.gov.

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Coverage of non-federal public-sector employees varies by statute. For example, state, county, and municipal employees are not covered under the Occupational Safety and Health Act (OSH Act), but some federally-recognized tribal entities may be covered in certain circumstances. Non-federal public-sector employees may also be covered in states which operate their own, Federal OSHA-approved occupational safety and health programs. For information on the 26 federally-approved State Plan States, call 1-800-321-OSHA (6742) or visit www.osha.gov/stateplans.

Non-federal public-sector employees may be covered under whistleblower protection provisions other than the OSH Act, including (but not limited to) the Clean Air Act, the National Transit Systems Security Act, and the Federal Railroad Safety Act. [Click here](#) for a summary of which OSHA whistleblower protection statutes cover non-federal public-sector employees. If you are a non-federal public-sector employee and are unsure if your complaint is covered, call 1-800-321-OSHA (6742) for assistance, or visit www.whistleblowers.gov.

Company Name (Required)

Is this a private or public sector employer?

Private
 Public
 Federal
 State, County, Municipal, or Territorial

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

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

Street:

State: **(Required)**

City:

Zip:

Location on Federal or Military Base

What is the name of the person who issued the adverse employment action(s), title or position, and contact information?

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

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How can OSHA contact your employer?

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

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

Name: First Name M.I. Last Name

Title: Position

Phone: ###-###-#### Ext.

Name and Title of Your Supervisor:

Name: First Name M.I. Last Name

Title: Position

Employer Mailing Address (if different from worksite address, i.e., Corporate or Headquarters, etc.):

Street: Employer Mailing Address

State: Select one...

City: City

Zip: #####

Employer Phone: ###-###-#### Alt Phone: ###-###-####

Employer Fax: ###-###-#### Alt Fax: ###-###-####

Employer Email: Email address

Type of Business: Business Type

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How can OSHA contact you?
Please complete all required fields

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

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

Street: Street Address

State: Select one...

City: City

Zip: #####

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

Home: ### ## ####

Work: ### ## #### Ext.

Cell: ### ## ####

No Telephone Available

Email Address **(Required)**: Email Address

Confirm Email Address **(Required)**: Email Address

Other Contact Person?

Name: First Name M.I. Last Name

Phone: ### ## ####

Preferred Method of Contact: Select one...

Preferred Time of Contact: Select one...

Do you require the use of a translation service to speak with an OSHA Representative?

Yes (specify language)

No

Specify Language

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Designated Representative

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

No
 Yes

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

No
 Yes

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

Name: (Required) **first name**

Title:

Organization Name (if any):

Union Affiliation (if any):

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

Street:

State:

City:

Zip:

Phone (day): (Required) Ext: **This field is required.**

Email:

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

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Submission

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

NOTE: It is unlawful to make any materially false, fictitious, or fraudulent statement to an agency of the United States. Violations can be punished by a fine or by imprisonment of not more than five years, or by both. See 18 U.S.C. 1001(a); 29 U.S.C. 668(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

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