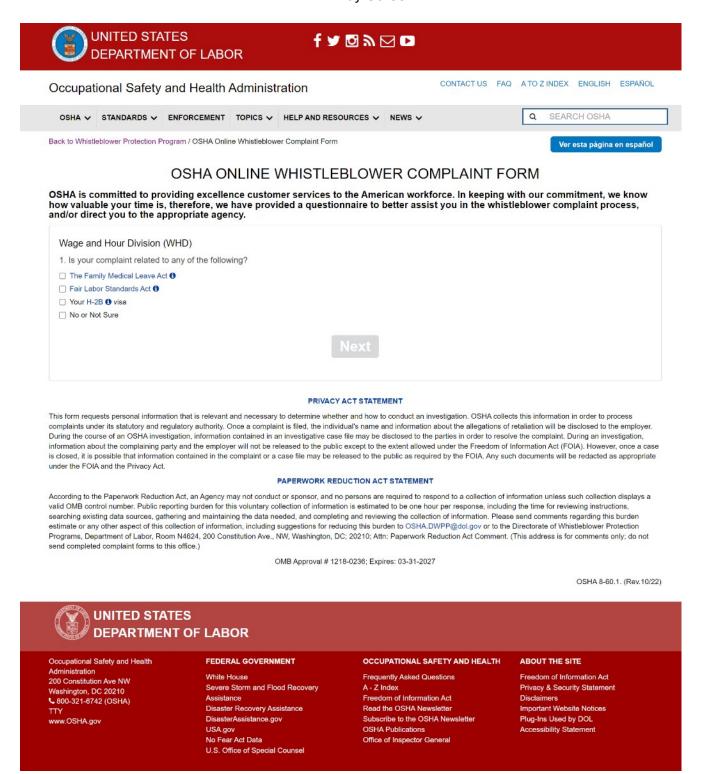
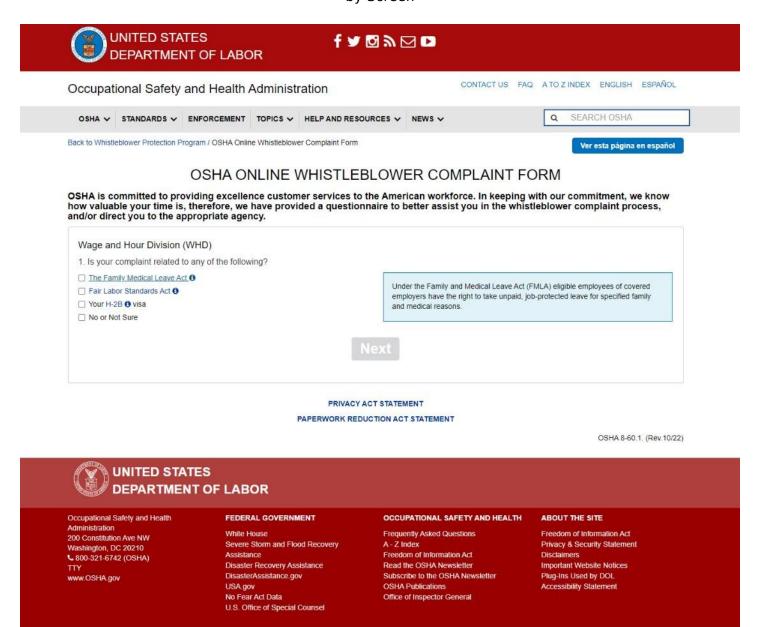


Screen 1: "Introduction and Instruction" and form "Launch" button. A final paragraph has been added to the Introduction, with the language: "All services are free, whether you are documented or not. Please remember that your employer cannot terminate you or in any other manner retaliate against you for filing a complaint with OSHA, or any other government or regulatory agency."



Screen 2: New questionnaire. The first screen asks questions regarding to Wage and Hour Division.

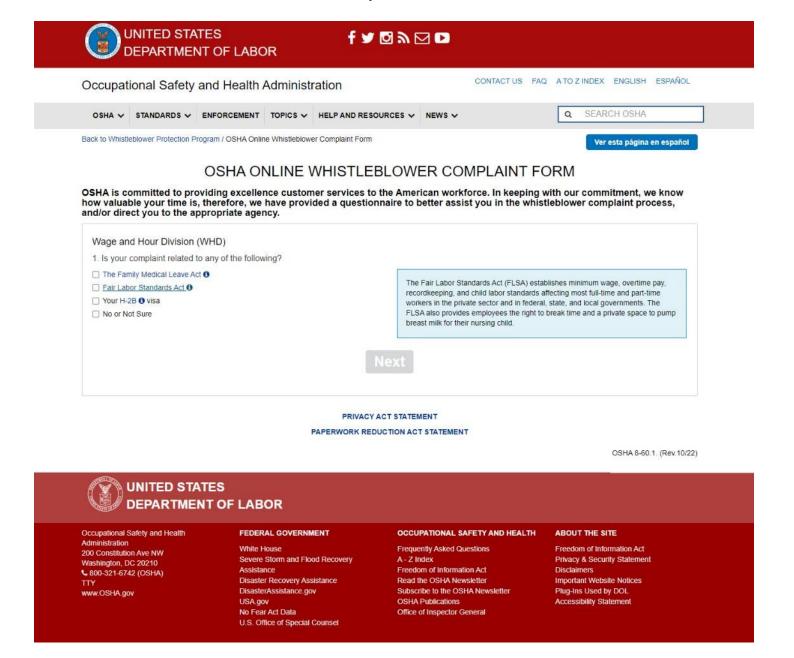
The text: "Privacy Act Statement" and "Paperwork Reduction Act Statement" toggle the full statements open and closed. This is available at any time when using the Whistleblower Complaint Form and are toggled closed by default when the form is launched.



Screen 2: Helper text displays when the user clicks the hyperlink for "The Family Medical Leave Act."

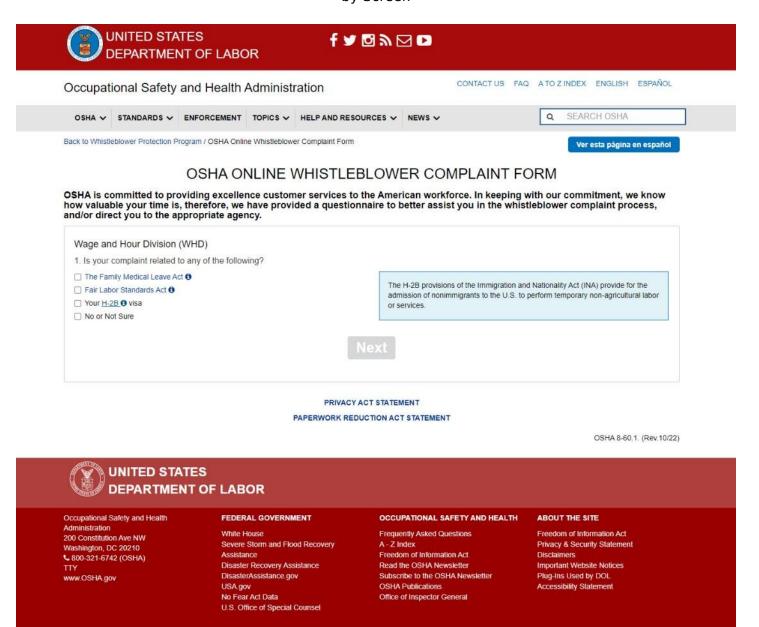
It reads: "Under the Family and Medical Leave Act (FMLA) eligible employees of covered employers have the right to take unpaid, job-protected leave for specified family and medical reasons."

In all cases, the helper text is toggled to display or hide when the hyperlink is clicked. If the current helper text is displaying when another helper text hyperlink is clicked, it will be hidden to allow the new helper text to display.



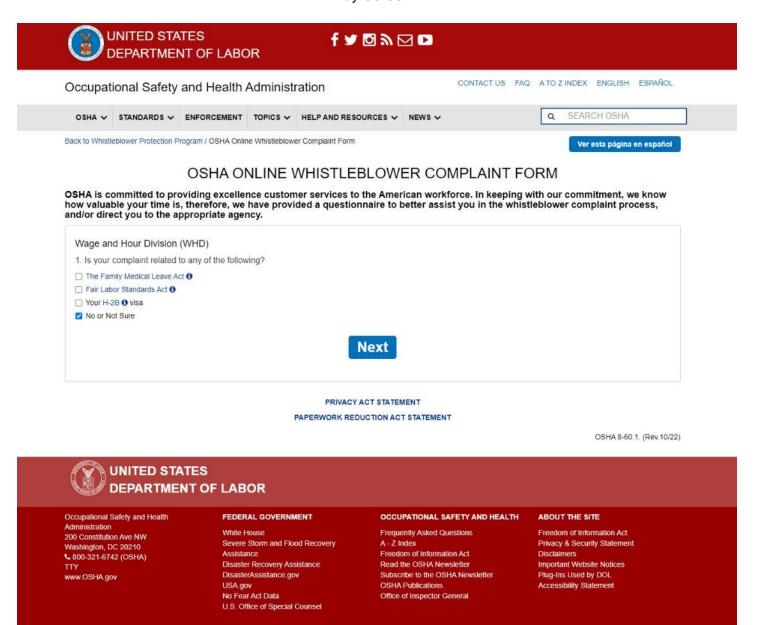
Screen 2: Helper text when the user hovers over "Fair Labor Standards Act".

It reads: "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."

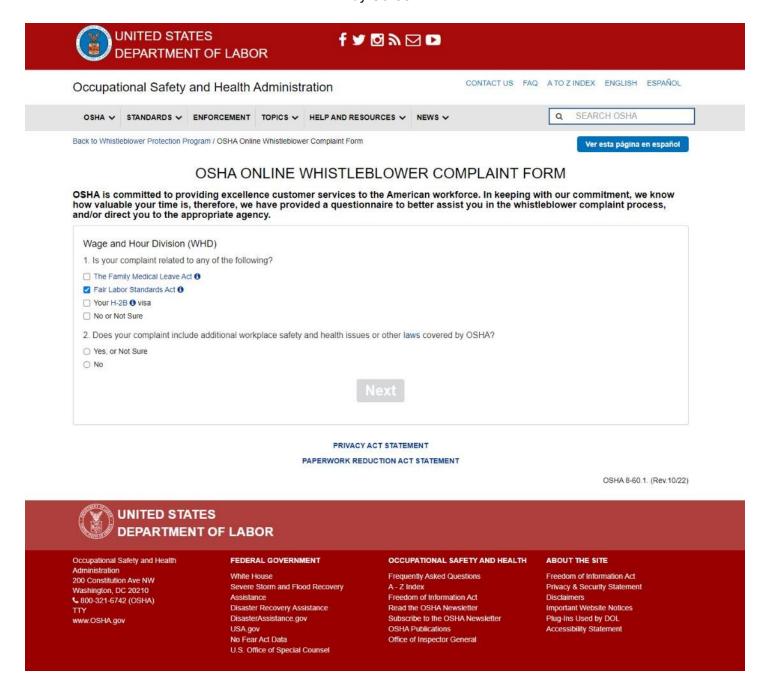


Screen 2: Helper text when the user hovers over "H-2B".

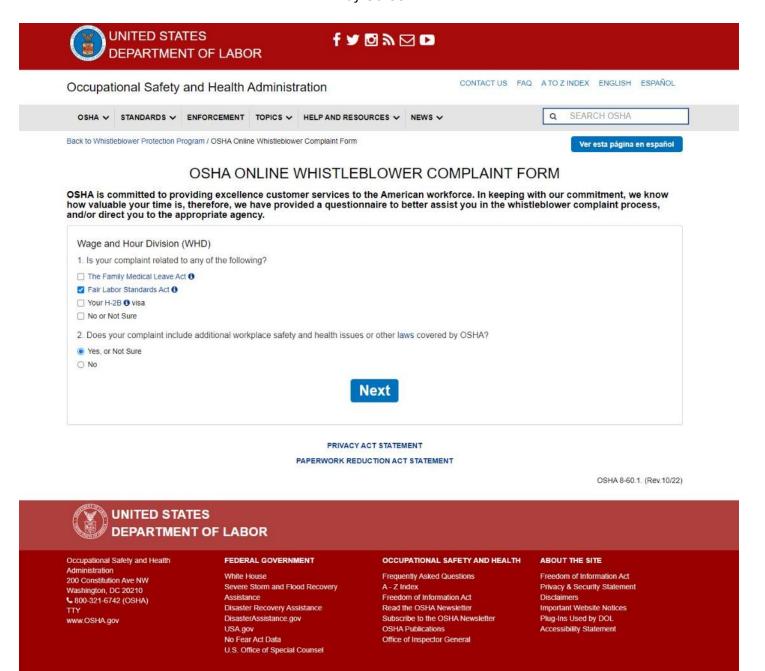
It reads: "The H-2B provisions of the Immigration and Nationality Act (INA) provide for the admission of nonimmigrants to the U.S. to perform temporary non-agricultural labor or services."



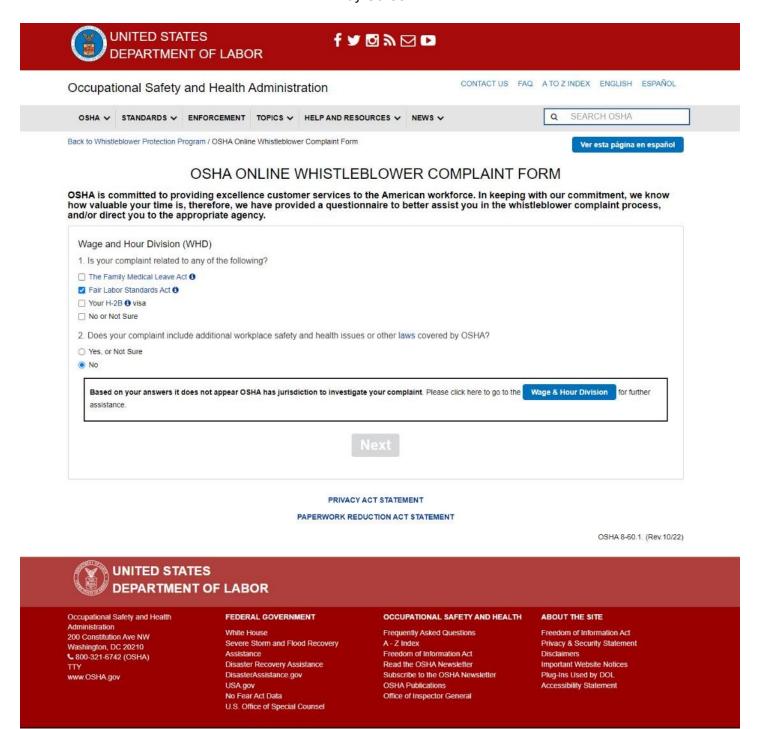
Screen 2: If "No or Not Sure" is selected. The "Next" button becomes available and will display the next section of the questionnaire when clicked.



Screen 2: If any items other than "No or Not Sure" are checked, a second question is displayed.

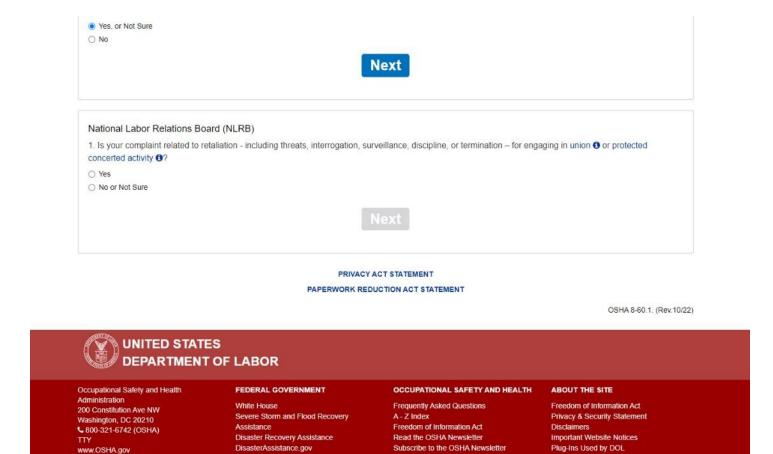


Screen 2: If "Yes, or Not Sure" is selected, the "Next" button becomes available and will display the next section of the questionnaire when clicked.



Screen 2: If "No" is selected, text displays instructing the user that OSHA does not have the jurisdiction to investigate their complaint. They are recommended to go to the Wage & Hour Division for further assistance, with a button that links to https://www.dol.gov/agencies/whd.

Accessibility Statement



**OSHA Publications** 

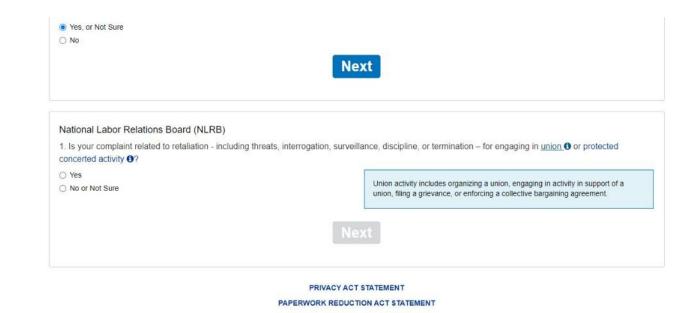
Office of Inspector General

Screen 3: The next section asks questions regarding the National Labor Relations Board.

USA.gov

No Fear Act Data

U.S. Office of Special Counsel



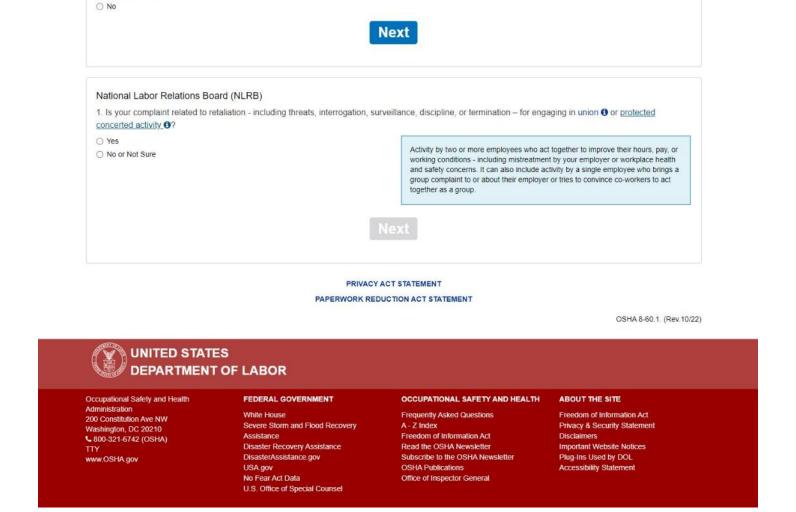
OSHA 8-60.1. (Rev.10/22)



Screen 3: Helper text when the user clicks the hyperlink for "union".

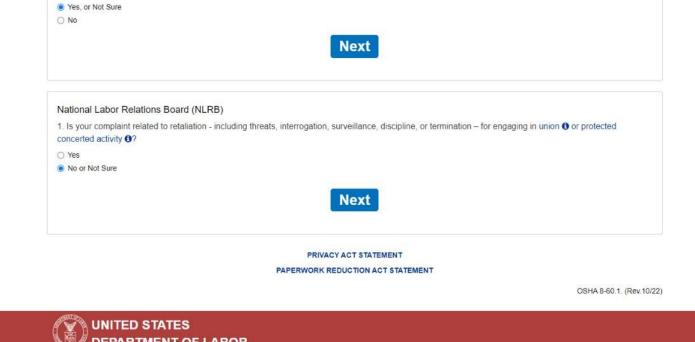
It reads: "Union activity includes organizing a union, engaging in activity in support of a union, filing a grievance, or enforcing a collective bargaining agreement."

Yes, or Not Sure



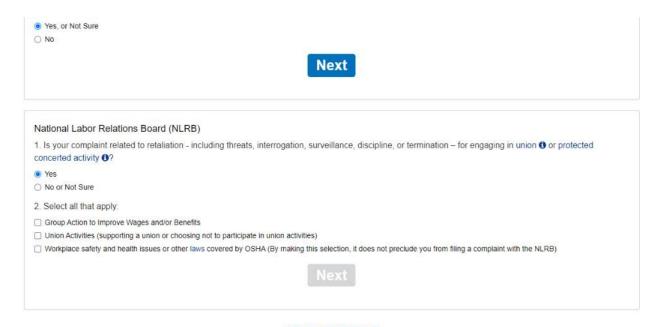
Screen 3: Helper text when the user clicks the hyperlink for "protected concerted activity".

It reads: "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."



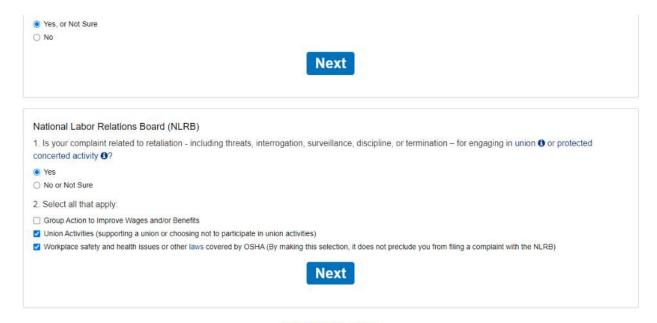


Screen 3: If "No or Not Sure is selected, the "Next" button becomes available and will display the next section of the questionnaire when clicked.



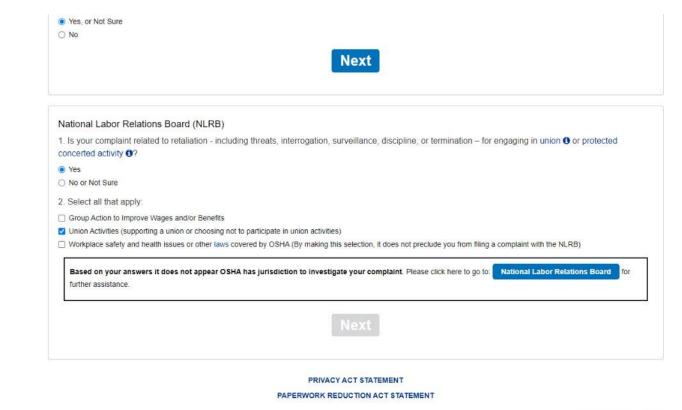


Screen 3: If "Yes" is selected, a second question is displayed.



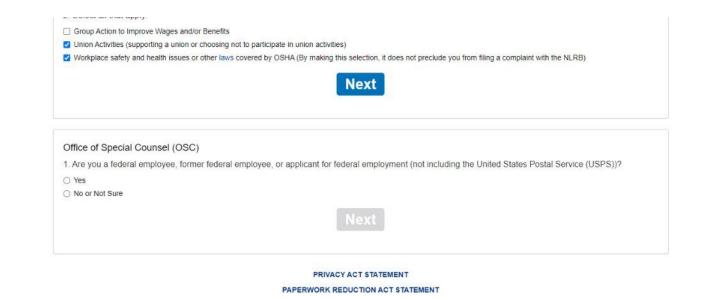


Screen 3: "Workplace Safety and Health" must be selected for the "Next" button to become available.



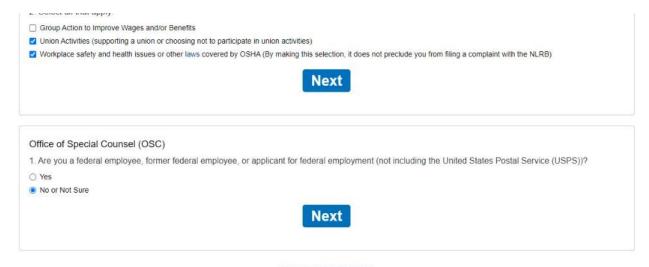


Screen 3: If "Workplace Safety and Health" is not selected, the user is informed that OSHA does not have jurisdiction to investigate their complaint. They are instructed to go to the National Labor Relations Board for assistance, with a button that takes them to https://www.nlrb.gov/.



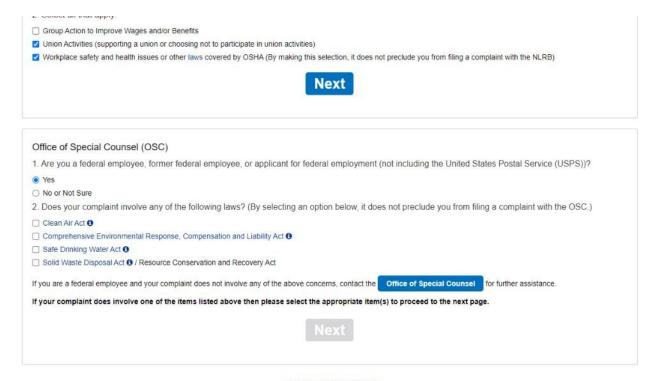


Screen 4: The next section asks questions regarding the Office of Special Counsel.

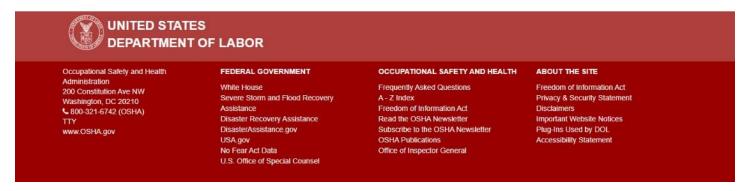




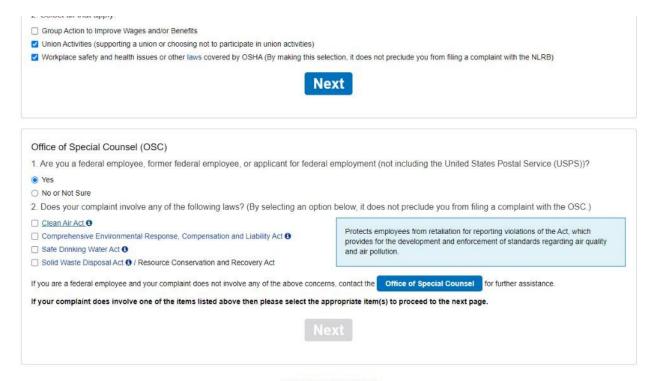
Screen 4: If "No or Not Sure" is selected, the "Next" button becomes available and will display the next section of the questionnaire when clicked.



OSHA 8-60.1. (Rev. 10/22)



Screen 4: If "Yes" is selected, a second question is displayed to the user, informing them that if their complaint does not involve any of the concerns in the checklist, they will need to contact the Office of Special Council, with a button that will take them to http://www.osc.gov/.

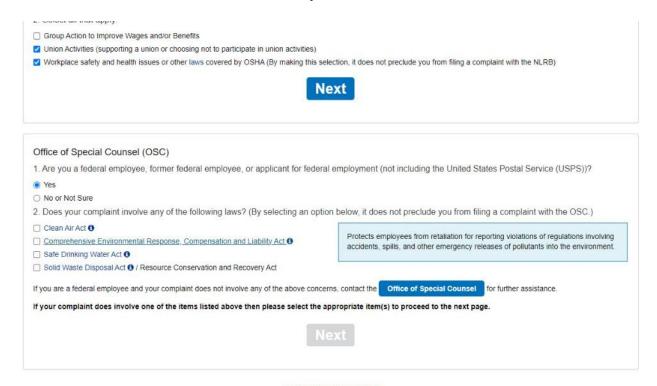


OSHA 8-60.1. (Rev. 10/22)

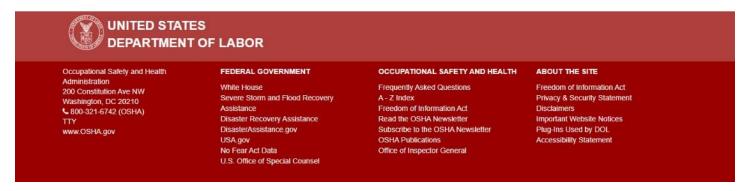


Screen 4: Helper text when the user clicks the hyperlink for "Clean Air Act."

It reads: "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."

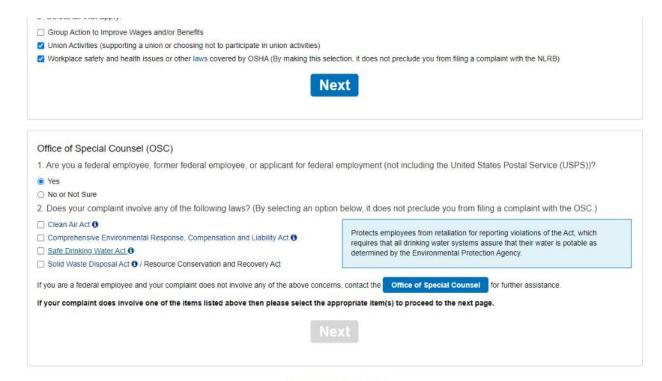


OSHA 8-60.1. (Rev. 10/22)



Screen 4: Helper text when the user clicks the hyperlink for "Comprehensive Environmental Response Compensation and Liability Act."

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

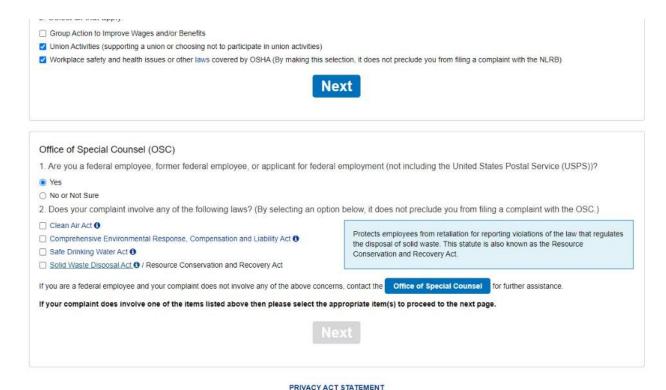


OSHA 8-60.1. (Rev. 10/22)



Screen 4: Helper text when the clicks the hyperlink for "Safe Drinking Water Act."

It reads: "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."



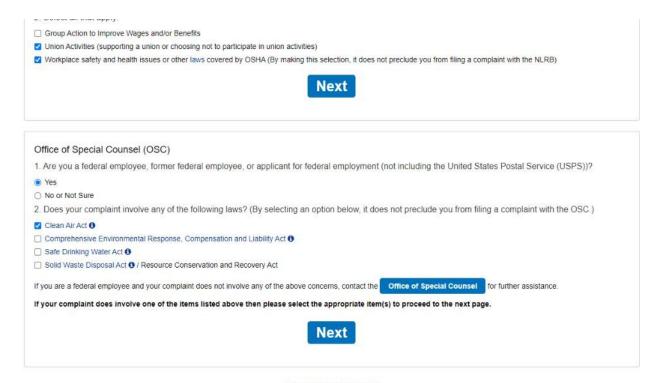
OSHA 8-60.1. (Rev.10/22)



PAPERWORK REDUCTION ACT STATEMENT

Screen 4: Helper text when the user clicks the hyperlink for "Solid Waste Disposal Act".

It reads: "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."



OSHA 8-60.1. (Rev.10/22)



Screen 4: The "Next" button becomes available when the user checks any of the check boxes and will display the next section of the questionnaire when clicked.

None of the above.	
Genetic Information 6	
Age Discrimination 6	
Pregnancy 0	
Sex (including sexual orientation, gender identity, and pregnancy)	
Religious 0	
National Origin 6	
Race/Color 6	
Discrimination 6 based on the following?	
Retaliation for EEOC Activitity	
Benefits 0	
Equal Pay 6	
Harassment 6	
Employer Medical Exams 6	
Disability 0	
Reasonable Accommodation for Disability	
yes, do you believe that the conduct is discrimination based	on any of the following?
oes your complaint concern conduct such as firing, non-selection or rarassment, equal pay, workplace benefits, or any other term, conditio	non-promotion, a reasonable accommodation, disability-related inquiries and employer medical exams, in, privilege of employment?
Equal Employment Opportunity Commission (EEOC)	



Screen 5: The next section asks questions regarding the Equal Employment Opportunity Commission.

Reasonable Accommodation for Disability  Disability  Employer Medical Exams  Harassment  Equal Pay  Benefits  Retaliation for EEOC Activitity  scrimination  based on the following?  Race/Color  National Origin  Retigious  Sex (including sexual orientation, gender identity, and pregnancy)  Pregnancy  Age Discrimination	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, of temporanity suspend the essential functions of a job.
Genetic Information <b>€</b>	

OSHA 8-60.1. (Rev.10/22)



Screen 5: Helper text when the user clicks the hyperlink for "Reasonable accommodation for Disability."

It reads: "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);
- 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 26 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."

Genetic Information   None of the above.	
Age Discrimination 6	
Pregnancy 0	
Sex (including sexual orientation, gender identity, and pregnancy) <b>6</b>	
Religious 6	
National Origin •	
Race/Color 0	
Discrimination <b>9</b> based on the following?	perceived impairment is transitory (lasting or expected to last six months or less) and minor.
Retaliation for EEOC Activitity 6	is perceived to have, except if their impairment, or
Benefits 0	physical or mental impairment the individual actually ha
Equal Pay 6	<ol> <li>has a history of such an impairment; or</li> <li>is subjected to an adverse employment action because of a</li> </ol>
Harassment 0	substantially limits one or more major life activities,
Employer Medical Exams 6	the person has a physical or mental impairment that
Reasonable Accommodation for Disability ①	Under federal law, a person has a disability if:
f yes, do you believe that the conduct is discrimination based on any of the fol	iowing?
arassment, equal pay, workplace benefits, or any other term, condition, privilege of emple	oyment?
ooes your complaint concern conduct such as firing, non-selection or non-promotion, a re	asonable accommodation, disability-related inquiries and employer medical exams

OSHA 8-60.1. (Rev.10/22)



Screen 5: Helper text when the user clicks the hyperlink for "Disability."

It reads: "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."

Equal Employment Opportunity Commission (EEOC)	
	notion, 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 <b>①</b> □ Disability <b>①</b> □ <u>Employer Medical Exams</u> <b>①</b> □ Harassment <b>①</b>	Restrictions on when and how much medical information an employer may obtain about any applicant or employee.
□ Equal Pay <b>6</b> □ Benefits <b>6</b> □ Retaliation for EEOC Activitity <b>6</b>	
Discrimination <b>3</b> based on the following?	
Race/Color ①  National Origin ①  Religious ①  Sex (including sexual orientation, gender identity, and pregnancy) ①  Pregnancy ①  Age Discrimination ①  Genetic Information ①	
	Next

OSHA 8-60.1. (Rev.10/22)



Screen 5: Helper text when the user clicks the hyperlink for "Employer Medical Exams."

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

Equal Employment Opportunity Commission (EEOC)	
Does your complaint concern conduct such as firing, non-selection or non-promotion, a reasc harassment, equal pay, workplace benefits, or any other term, condition, privilege of employn	
If yes, do you believe that the conduct is discrimination based on any of the follow	ving?
Reasonable Accommodation for Disability  Disability  Employer Medical Exams  Harassment  Equal Pay  Benefits  Retaliation for EEOC Activitity  Discrimination  based on the following?	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.
Race/Color 6 National Origin 6	
Religious ① Sex (including sexual orientation, gender identity, and pregnancy) ① Pregnancy ① Age Discrimination ① Genetic Information ①	
None of the above.	
Ne	

OSHA 8-60.1. (Rev.10/22)



Screen 5: Helper text when the user clicks the hyperlink for "harassment."

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

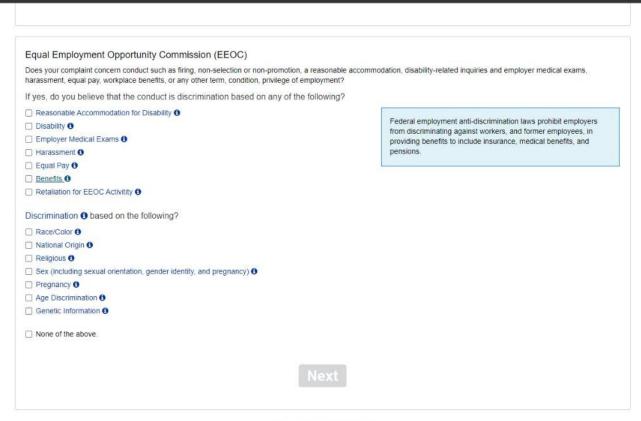
Equal Employment Opportunity Commission (EEOC)	
Does your complaint concern conduct such as firing, non-selection or non-promotion, a reasonable narassment, equal pay, workplace benefits, or any other term, condition, privilege of employment?	accommodation, disability-related inquiries and employer medical exams,
f 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 Activitity  Discrimination  based on the following?  Race/Color  National Origin  Religious  Sex (including sexual orientation, gender identity, and pregnancy)	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.
Pregnancy •	
Age Discrimination 6	
Genetic Information 0	
None of the above.	

OSHA 8-60.1. (Rev.10/22)



Screen 5: Helper text when the user clicks the hyperlink for "Equal Pay."

It reads: "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."

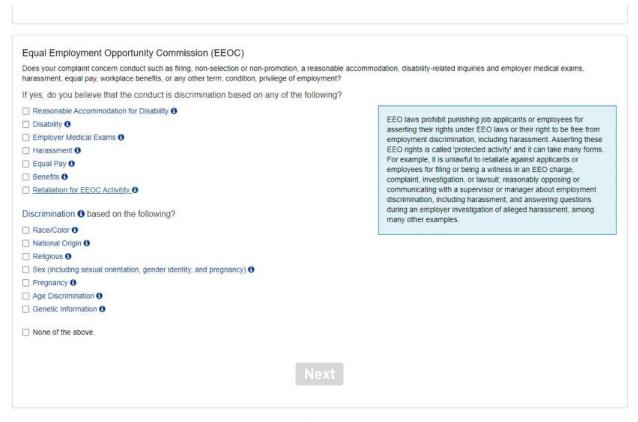


OSHA 8-60.1. (Rev.10/22)



Screen 5: Helper text when the user clicks the hyperlink for "Benefits."

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



OSHA 8-60.1. (Rev.10/22)



Screen 5: Helper text when the user clicks the hyperlink for "Retaliation for Complaining to the EEOC."

It reads: "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."

Screen 5: Helper text when the user clicks the hyperlink for "Discrimination."

It reads: "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)."

If yes, do you believe that the conduct is discrimination based on any	y of the following?
□ Reasonable Accommodation for Disability ❸ □ Disability ④ □ Employer Medical Exams ❸ □ Harassment ❸ □ Equal Pay ④ □ Benefits ❸ □ Retalliation for EEOC Activitity ❸	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).
Discrimination • based on the following?	
Race/Color 9	
National Origin <b>⊕</b>	
Religious 0	
☐ Sex (including sexual orientation, gender identity, and pregnancy)	
☐ Pregnancy <b>①</b>	
☐ Age Discrimination <b>③</b>	
☐ Genetic Information <b>6</b>	
☐ None of the above.	
	Next
	NEXL

PRIVACY ACT STATEMENT
PAPERWORK REDUCTION ACT STATEMENT

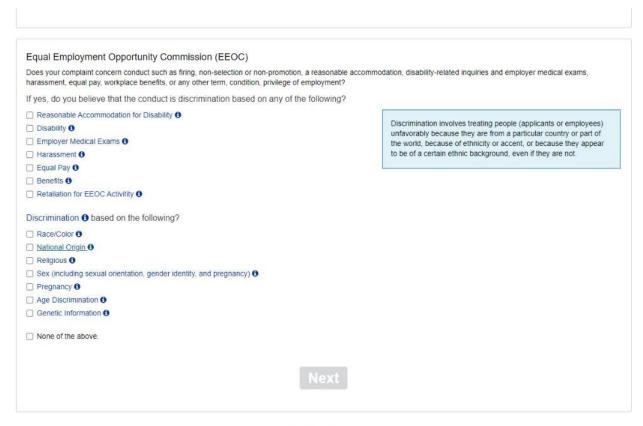
OSHA 8-60.1. (Rev.10/22)



Screen 5: Helper text when the user clicks the hyperlink for "Race/Color."

It reads: "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)."

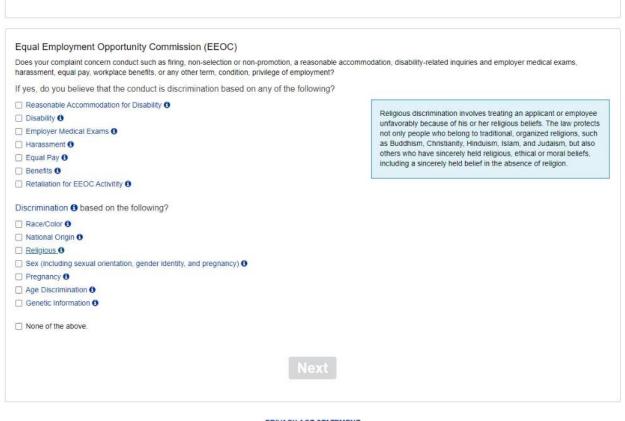


OSHA 8-60.1. (Rev.10/22)



Screen 5: Helper text when the user clicks the hyperlink for "National origin."

It reads: "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."

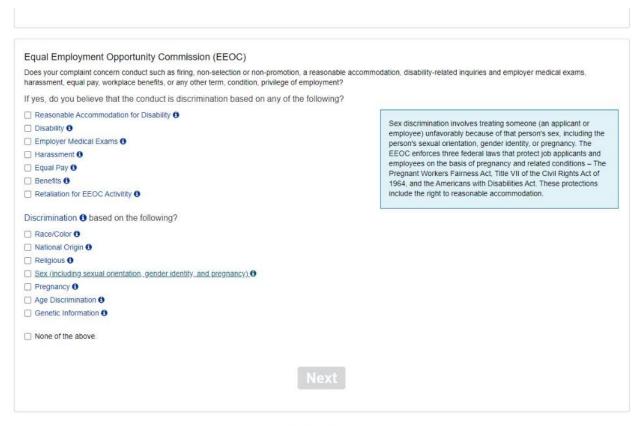


OSHA 8-60.1. (Rev.10/22)



Screen 5: Helper text when the user clicks the hyperlink for "Religious."

It reads: "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."

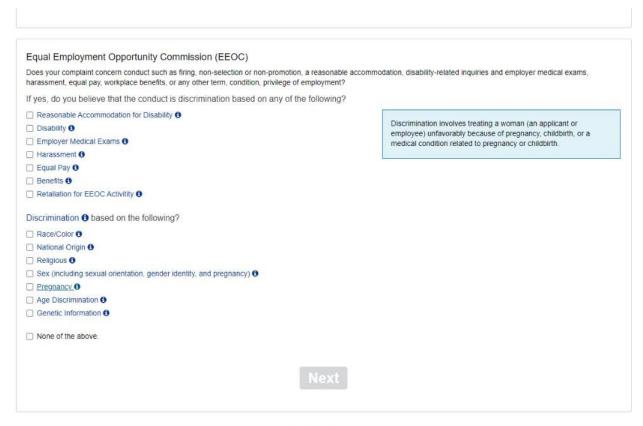


OSHA 8-60.1. (Rev.10/22)



Screen 5: Helper text when the user clicks the hyperlink for "Sex (including sexual orientation, gender identity, and pregnancy)."

It reads: "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."

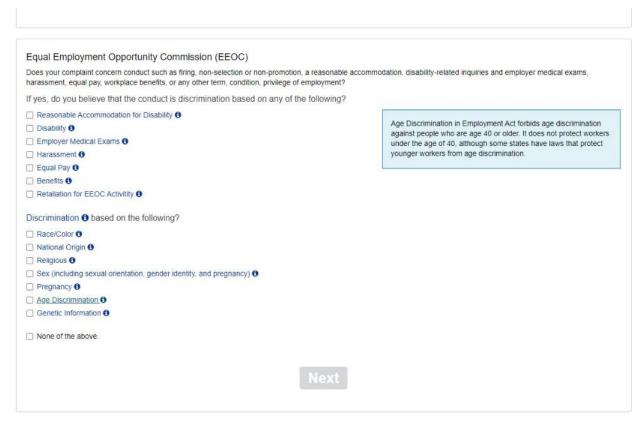


OSHA 8-60.1. (Rev.10/22)



Screen 5: Helper text when the user clicks the hyperlink for "Pregnancy."

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

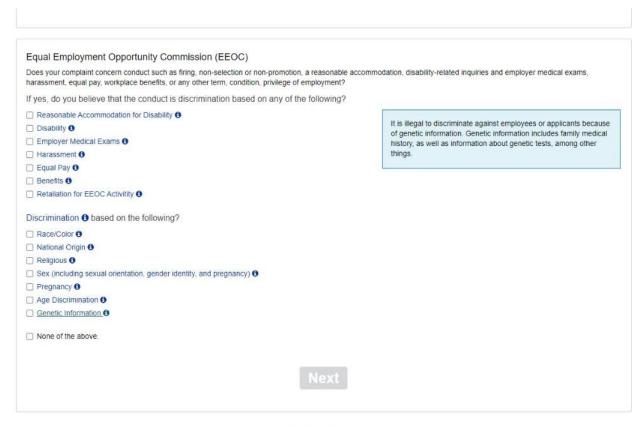


OSHA 8-60.1. (Rev.10/22)



Screen 5: Helper text when the user clicks the hyperlink for "Age discrimination."

It reads: "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."



OSHA 8-60.1. (Rev.10/22)



Screen 5: Helper text when the user clicks the hyperlink for "Genetic Information."

It reads: "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."

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 ②  Harassment ②  Equal Pay ①  Benefits ③  Retallation for EEOC Activitity ②  Discrimination ③ based on the following?
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  Equal Pay  Equal Pay  Discrimination  Disability  Acceptable Accommodation for Disability  Discrimination  Disability  Acceptable Accommodation for Disability  Discrimination  Disability  Acceptable Accommodation for Disability  Discrimination  Disability  Discrimination  Disability  Disabili
□ Disability ● □ Employer Medical Exams ● □ Harassment ● □ Equal Pay ● □ Benefits ● □ Retalliation for EEOC Activitity ●  Discrimination ● based on the following? □ Race/Color ●
□ Benefits   □ Retalliation for EEOC Activitity   □ Discrimination   □ based on the following? □ Race/Color   □
□ Employer Medical Exams ❸ □ Harassment ④ □ Equal Pay ④ □ Benefits ❸ □ Retalliation for EEOC Activitity ❸  Discrimination ❸ based on the following? □ Race/Color ❸
□ Harassment € □ Equal Pay € □ Benefits € □ Retalliation for EEOC Activitity €  Discrimination € based on the following? □ Race/Color €
□ Equal Pay ● □ Benefits ● □ Retalliation for EEOC Activitity ●  Discrimination ● based on the following? □ Race/Color ●
□ Equal Pay ❸ □ Benefits ❸ □ Retallation for EEOC Activitity ❸  Discrimination ❸ based on the following? □ Race/Color ❸ □ National Origin ❸
☐ Retaliation for EEOC Activitity ❸  Discrimination ❸ based on the following?  ☐ Race/Color ❸
Discrimination <b>3</b> based on the following?  □ Race/Color <b>3</b>
□ Race/Color <b>6</b>
National Origin 6
☐ Religious <b>①</b>
Sex (including sexual orientation, gender identity, and pregnancy) <b>6</b>
☐ Pregnancy <b>①</b>
☐ Age Discrimination ❸
☐ Genetic Information <b>6</b>
☑ None of the above.
Next



Screen 5: If "None of the above" is checked, the "Next" button becomes available and will display the next section of the questionnaire when clicked.

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?  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 Activitity ©  Discrimination © based on the following?  Race/Color ©  National Origin ©  Religious ©  Sex (including sexual orientation, gender identity, and pregnancy) ©  Pregnancy ©  Age Discrimination ©  Genetic Information ©
© Reasonable Accommodation for Disability  © Disability  © Employer Medical Exams  © Harassment  © Equal Pay  © Benefits  © Retaliation for EEOC Activitity  © Discrimination  © based on the following?  □ Race/Color  © National Origin  © Religious  © Sex (including sexual orientation, gender identity, and pregnancy)  © Pregnancy  © Age Discrimination  © Genetic Information  © Genetic Information  ©
□ Disability ● □ Employer Medical Exams ● □ Harassment ● □ Equal Pay ● □ Benefits ● □ Retalliation for EEOC Activitity ●  Discrimination ● based on the following? □ Race/Color ● □ National Origin ● □ Religious ● □ Sex (including sexual orientation, gender identity, and pregnancy) ● □ Pregnancy ● □ Age Discrimination ● □ Genetic Information ●
□ Employer Medical Exams ① □ Harassment ② □ Equal Pay ③ □ Benefits ③ □ Retalliation for EEOC Activitity ④  Discrimination ③ based on the following? □ Race/Color ④ □ National Origin ④ □ Religious ④ □ Sex (including sexual orientation, gender identity, and pregnancy) ④ □ Pregnancy ④ □ Age Discrimination ④ □ Genetic Information ④
□ Harassment ❸ □ Equal Pay ❸ □ Benefits ❸ □ Retalliation for EEOC Activitity ❸  Discrimination ❸ based on the following? □ Race/Color ❸ □ National Origin ❸ □ Religious ❸ □ Sex (including sexual orientation, gender identity, and pregnancy) ④ □ Pregnancy ④ □ Age Discrimination ❸ □ Genetic Information ❸
□ Equal Pay ❸ □ Benefits ④ □ Retallation for EEOC Activitity ❸  Discrimination ④ based on the following? □ Race/Color ④ □ National Origin ④ □ Religious ④ □ Sex (including sexual orientation, gender identity, and pregnancy) ④ □ Pregnancy ④ □ Age Discrimination ④ □ Genetic Information ④
□ Benefits ● □ Retaliation for EEOC Activitity ●  Discrimination ● based on the following? □ Race/Color ● □ National Origin ● □ Religious ● □ Sex (including sexual orientation, gender identity, and pregnancy) ● □ Pregnancy ● □ Age Discrimination ● □ Genetic Information ●
□ Retaliation for EEOC Activitity ❸  Discrimination ❸ based on the following? □ Race/Color ④ □ National Origin ④ □ Religious ❸ □ Sex (including sexual orientation, gender identity, and pregnancy) ④ □ Pregnancy ④ □ Age Discrimination ④ □ Genetic Information ④
Discrimination ① based on the following?  Race/Color ① National Origin ① Religious ① Sex (including sexual orientation, gender identity, and pregnancy) ① Pregnancy ① Age Discrimination ② Genetic Information ①
Race/Color ❸ National Origin ❸ Religious ❸ Sex (including sexual orientation, gender identity, and pregnancy) ④ Pregnancy ❸ Age Discrimination ❸ Genetic Information ❸
National Origin ❸ Religious ❸ Sex (including sexual orientation, gender identity, and pregnancy) ❸ Pregnancy ❸ Age Discrimination ❸ Genetic Information ❸
Religious ① Sex (including sexual orientation, gender identity, and pregnancy) ① Pregnancy ① Age Discrimination ① Genetic Information ①
□ Sex (including sexual orientation, gender identity, and pregnancy)   □ Pregnancy   □ Age Discrimination   □ Genetic Information   □
□ Pregnancy ❸ □ Age Discrimination ❸ □ Genetic Information ❸
☐ Age Discrimination ❸ ☐ Genetic Information ❸
☐ Genetic Information <b>6</b>
☐ None of the above.
Does your complaint include additional workplace safety and health issues or other laws covered by OSHA?
○ Yes, or Not Sure
O No
Next



Screen 5: If any other items in the list are checked, a second question is displayed.

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, narassment, equal pay, workplace benefits, or any other term, condition, privilege 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>6</b>
☐ Employer Medical Exams <b>6</b>
☐ Harassment ❸
□ Equal Pay <b>①</b>
□ Benefits <b>6</b>
Retaliation for EEOC Activitity 6
Discrimination • based on the following?
Race/Color •
National Origin 🐧
Religious 6
Sex (including sexual orientation, gender identity, and pregnancy) 😉
□ Pregnancy <b>6</b>
☐ Age Discrimination ❸
☐ Genetic Information ❸
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 No
Next

OSHA 8-60.1. (Rev.10/22)



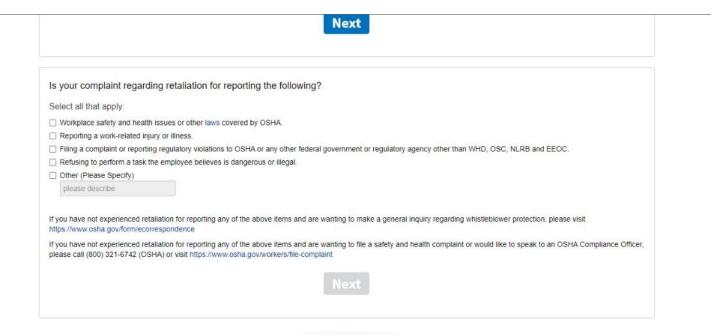
Screen 5: If "Yes, or Not Sure" is selected, the "Next" button becomes available and will display the next section of the questionnaire when clicked.

Does your complaint conce	rn conduct such as firing, non-selection or non-promotion, a reasonable accommodation, disability-related inquiries and employer medical exams,
	kplace benefits, or any other term, condition, privilege of employment?
f yes, do you believe the	at the conduct is discrimination based on any of the following?
Reasonable Accommod	ation for Disability <b>6</b>
Disability 6	
Employer Medical Exam	8 6
Harassment 0	
☐ Equal Pay <b>①</b>	
Benefits 6	
Retaliation for EEOC Ac	tivitity •
Discrimination 6 based	on the following?
Race/Color 6	
National Origin 6	
Religious 0	
Sex (including sexual or	entation, gender identity, and pregnancy) 😉
Pregnancy 6	
Age Discrimination 6	
Genetic Information 6	
None of the above.	
Does your complaint inc	lude additional workplace safety and health issues or other laws covered by OSHA?
Yes, or Not Sure	
● No	
	s it does not appear OSHA has jurisdiction to investigate your complaint. Please click here to go to:
Equal Employment	Opportunity Commission for further assistance.
n:	
	Next

OSHA 8-60.1. (Rev.10/22)

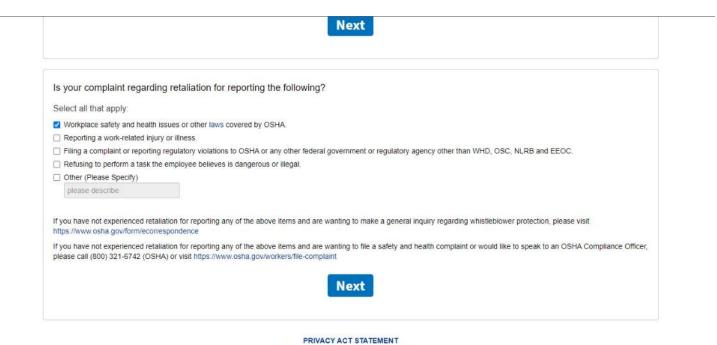


Screen 5: If "No" is selected, the user is informed that OSHA does not have jurisdiction to investigate their complaint. They are instructed to go to the Equal Employment Opportunity Commission for assistance, with a button that takes them to https://www.eeoc.gov/.





Screen 6: The final section of the questionnaire asks the type of retaliation the user is reporting.

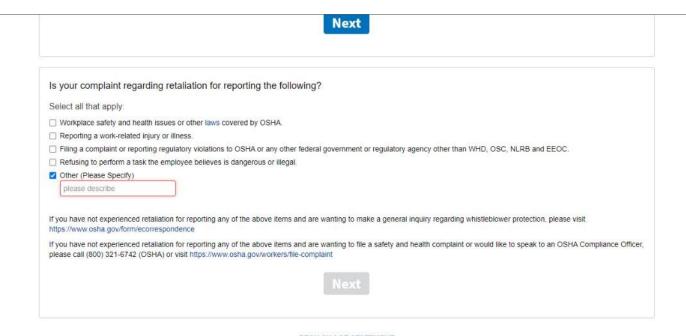


PAPERWORK REDUCTION ACT STATEMENT

OSHA 8-60.1. (Rev.10/22)



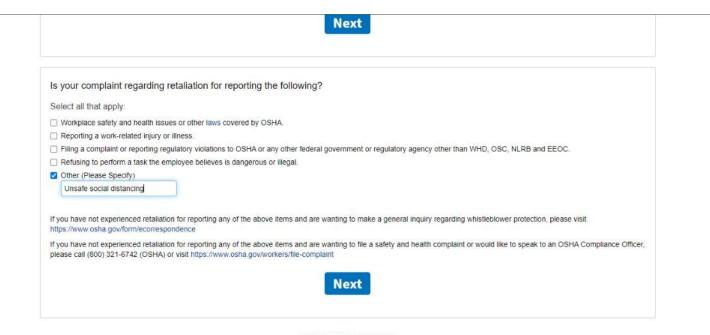
When any item in the list is checked, the "Next" button becomes available. This will launch the Whistleblower Complaint Form when clicked.



OSHA 8-60.1. (Rev.10/22)

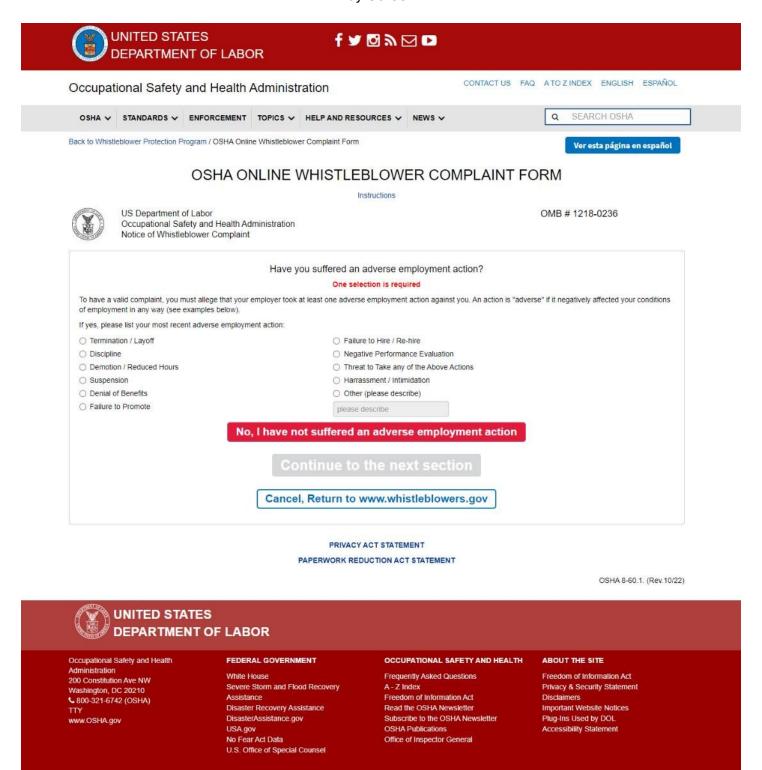


Screen 6: If "Other" is checked, the "Please Describe" text box is enabled, and the "Next" button is disabled until it is completed.



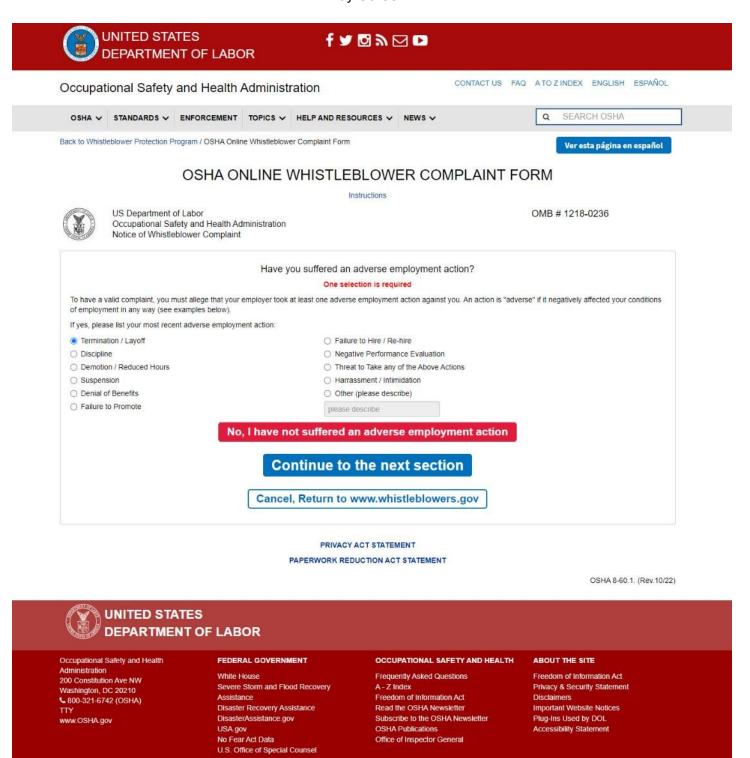


Screen 6: Entering text in the "Please Describe" text box will enable the "Next" button.

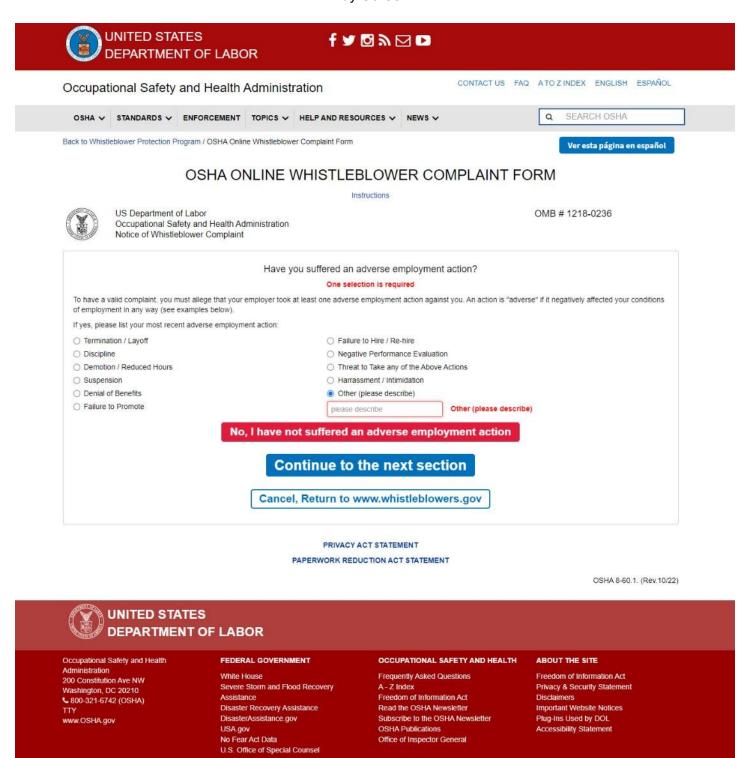


Screen 7: "Have you suffered an adverse employment action?"

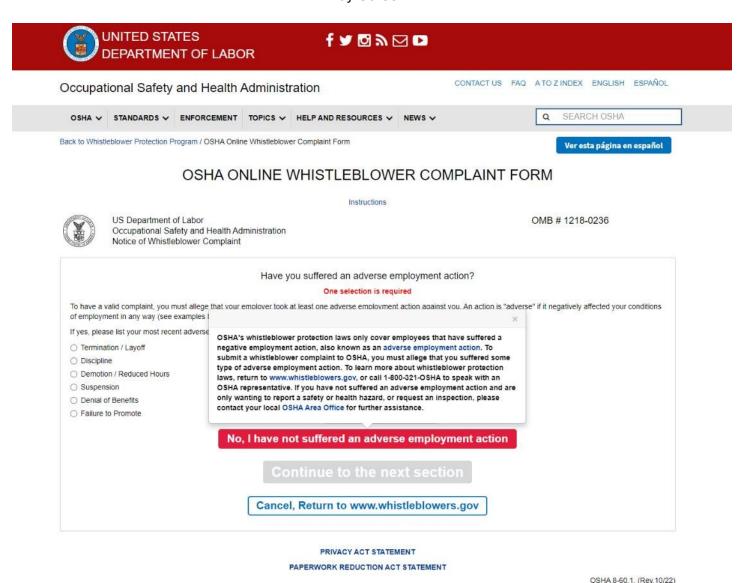
The user is required to select their most recent adverse employment action.



Screen 7: One selection is required to enable the "Continue to the next section" button. A user can only make one selection from this list and cannot move forward in the form without selecting an adverse action.



Screen 7: If "Other" is checked, the "Please Describe" text box is enabled, and the user will not be permitted to continue the form until it is completed. Required description field notated in red.



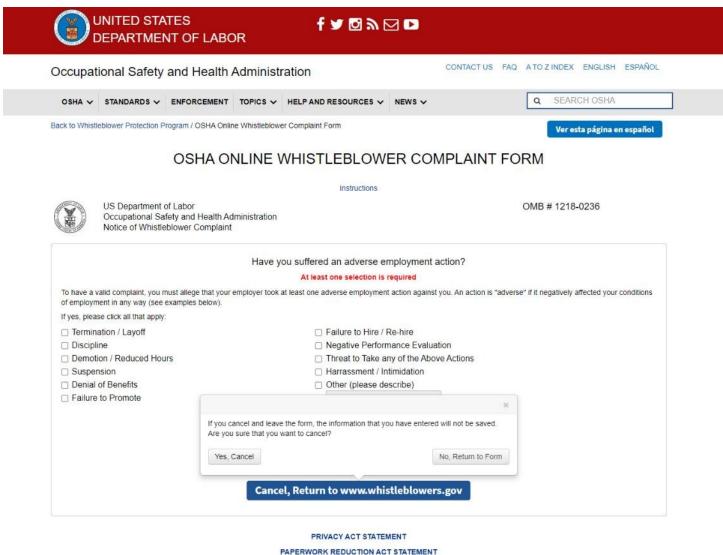
**UNITED STATES** DEPARTMENT OF LABOR Occupational Safety and Health FEDERAL GOVERNMENT OCCUPATIONAL SAFETY AND HEALTH ABOUT THE SITE White House Frequently Asked Questions Freedom of Information Act 200 Constitution Ave NW Severe Storm and Flood Recovery A - Z Index Privacy & Security Statement Washington, DC 20210 Assistance Freedom of Information Act Disclaimers € 800-321-6742 (OSHA) Disaster Recovery Assistance Read the OSHA Newsletter Important Website Notices Plug-Ins Used by DOL DisasterAssistance.gov Subscribe to the OSHA Newsletter USA.gov **OSHA Publications** Accessibility Statemen No Fear Act Data Office of Inspector General U.S. Office of Special Counsel

Screen 7: When "No, I have not suffered an adverse employment action" is clicked, the following displays above the button:

"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."

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Hovering over "adverse employment action" displays the following helper text: "An action is an adverse employment action if a reasonable employee would have found the action materially adverse, which means it might have dissuaded a reasonable worker from angeling in a protected activity."



OSHA 8-60.1. (Rev.10/22)

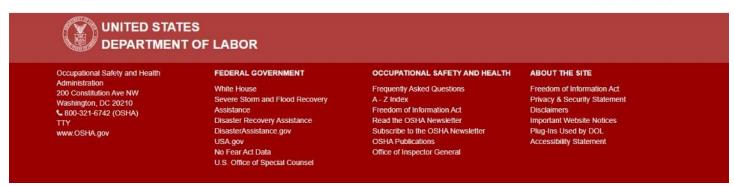


Screen 7: In all cases in this form, when the user clicks "Cancel, Return to www.whistleblowers.gov", a the following is displayed above the button:

"If you cancel and leave the form, the information that you have entered will not be saved. Are you sure that you want to cancel?"

If the user selects: "Yes, Cancel", they are redirected to www.whistleblowers.gov. If they select " $No_{52}$  return to form" the popover box closes, and they can continue with the form.

	Have you suffered an adverse employment action?
	At least one selection is required
To have a valid complaint, you must allege that your e of employment in any way (see examples below).	employer took at least one adverse employment action against you. An action is "adverse" if it negatively affected your condition
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
may accept a complaint filed after the deadline has ex	ays of the adverse employment actionadverse employment action. Under certain extenuating circumstances, however, OSHA kpired. Review a summary of the filling deadlines that apply to each statute.  If Most-Recent Adverse Employment Action (Required - please enter mm/dd/yyyy)
	mm/dd/yyyy 📋 Set
	mm/dd/yyyy



Screen 8: "When did you suffer the most-recent adverse employment action?"

	Have you suffered an adverse employment action?
	At least one selection is required
To have a valid complaint, you must allege of employment in any way (see examples to	that your employer took at least one adverse employment action against you. An action is "adverse" if it negatively affected your conditions below).
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
	within 30 days of the adverse employment actionadverse employment action. Under certain extenuating circumstances, however, OSHA dline has expired. Review a summary of the filing deadlines that apply to each statute.
	Date of Mart Decent Adverse Employment Action (Paguired Inless enter mm (dd Agus))
	Date of Most-Recent Adverse Employment Action (Required - please enter mm/dd/yyyy)
	Date of Most-Recent Adverse Employment Action (Required - please enter mm/dd/yyyy)  Please enter a date in this field Set



Screen 8: Existing required date field and format notated in red.

OSHA 8-60.1. (Rev.10/22)

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 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)
Filing Requirements  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)	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
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)	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
Complained to management about unlawful conditions, conduct, or practices  Testified or provided statement in a proceeding (e.g., government inspection or	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
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)	□ Reported an injury, illness, or accident     □ Participated in safety and health activities     □ Refusing to perform a task the employee believes is dangerous or illegal
Complained to management about unlawful conditions, conduct, or practices  Testified or provided statement in a proceeding (e.g., government inspection or investigation)	Participated in safety and health activities     Refusing to perform a task the employee believes is dangerous or illegal
☐ Testified or provided statement in a proceeding (e.g., government inspection or investigation)	☐ Refusing to perform a task the employee believes is dangerous or illegal
investigation)	
	Other (please describe below)
Why do you believe you suffered adverse employment action(s)?	
Is there anything else that you would like OSHA to know about what happened?	0/20
Please do not include witness names or their contact information	072
	0 / 20
Continue to t	he next section
Cancel, Return to ww	ww.whistleblowers.gov

UNITED STATES
DEPARTMENT OF LABOR

Occupational Safety and Health
Administration
200 Constitution Ave NW
Washington, DC 20210
V800-321-6742 (OSHA)
TTY
WWW.OSHA.gov

WWW.OSHA.gov

UNITED STATES

DEPARTMENT OCCUPATIONAL SAFETY AND HEALTH
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ABOUT THE SITE

Frequently Asked Questions
Freedom of Information Act
Privacy & Security Statement
Discaterracy
A-Z Index
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Discaterracy
Freedom of Information Act
Discaterracy
Disaster Recovery Assistance
Read the OSHA Newsletter
Disaster Recovery Assistance Subscribe to the OSHA Newsletter
USA gov
No Fear Act Data
U.S. Office of Special Counsel

PAPERWORK REDUCTION ACT STATEMENT

Screen 9: "Why do you believe you suffered adverse employment action(s)?"

(If you cannot remember the exact	t date, please enter the approximate date.)
Why do you believe you suffered the adverse check all that apply:  Filling Requirements  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)  Please check at least one box in this list to continue.  Why do you believe you suffered adverse employment action(s)?	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)
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?  Please do not include witness names or their contact information	0 / 200
	the next section
Cancel, Return to w	vww.whistleblowers.gov



Screen 9: Required selection notated in red.

t date, please enter the approximate date.)
Perse employment action(s)? (at least one required)  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)
0 / 2000
the next section



Screen 9: Existing required description notated in red.

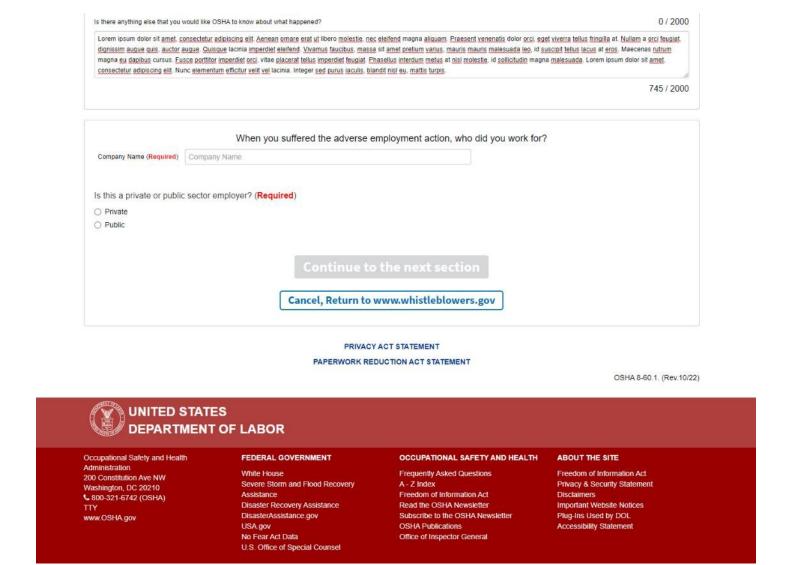
(If you cannot remember the exact date, please enter the approximate date.)				
Please check all that apply:  Filing Requirements  Called / Filed complaint with OSHA  Called / Filed complaint with another government agency Name of Agency Contacted  Complained to management about unlawful conditions, conduct, or practices Testified or provided statement in a proceeding (e.g., government inspection or investigation)  Why do you believe you suffered adverse employment action(s)?	erse employment action(s)? (at least one required)  □ 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)			
Please describe why you believe you suffered the 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?  Please do not include witness names or their contact information	0 / 2000			
Please do not include witness names or their contact information				

OSHA 8-60.1. (Rev.10/22)

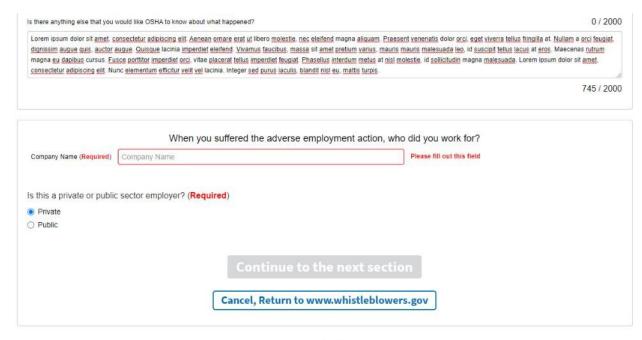


PRIVACY ACT STATEMENT
PAPERWORK REDUCTION ACT STATEMENT

Screen 9: Existing required description notated in red.

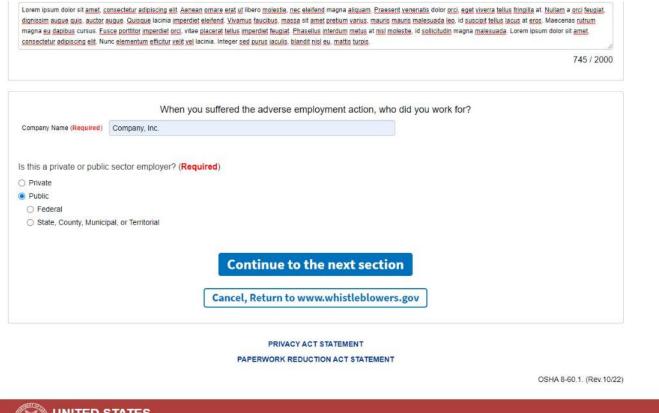


Screen 10: "When you suffered the adverse employment action, who did you work for?"



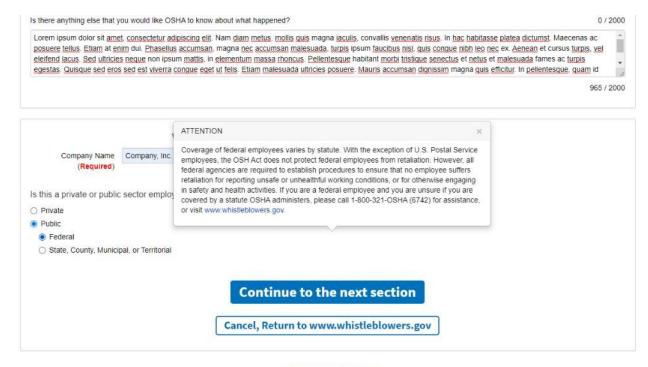


Screen 10: Existing required fields noted in red.





Screen 10: When "Public" is selected, the user is required to select either "Federal" or "State, County, Municipal, or Territorial" before they can move on to the next screen.



OSHA 8-60.1. (Rev.10/22)



Screen 10: When "Federal" is selected, text displays regarding coverage of federal employees against retaliation actions and provides additional information and links to the Office of Special Council, OSHA's Office of Federal Agency Programs, and whistleblowers.gov.

## OSHA Whistleblowers Online Complaint Form by Scree



## PRIVACY ACT STATEMENT PAPERWORK REDUCTION ACT STATEMENT



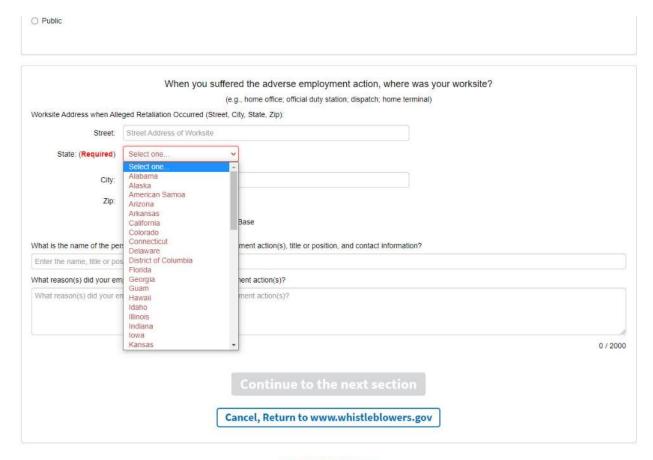
Screen 10: When "State, County, Municipal, or Territorial" is selected, text displays regarding state plans and directs the user to the Office of State Plans page.

		Continue to t	he next section	
				0 / 20
/hat reason(s) did your e	mployer give for the adverse en	mployment action(s)?		
105.750 13	nployer give for the adverse em	5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -		
	sition, and any contact informat			
nat is the name of the pe	☐ Location on Federal or Mil		sition, and contact information?	
Zip:	<i>********</i>			
City:	City			
State: (Required)	Select one	•		
Street:	Street Address of Worksite			
orksite Address when Alle	eged Retaliation Occurred (Stre	et, City, State, Zip):		
	When you sur	Marcon Sportson Harris Property Commencer	oyment action, where was yo y station; dispatch; home terminal)	di worksite?

PRIVACY ACT STATEMENT
PAPERWORK REDUCTION ACT STATEMENT

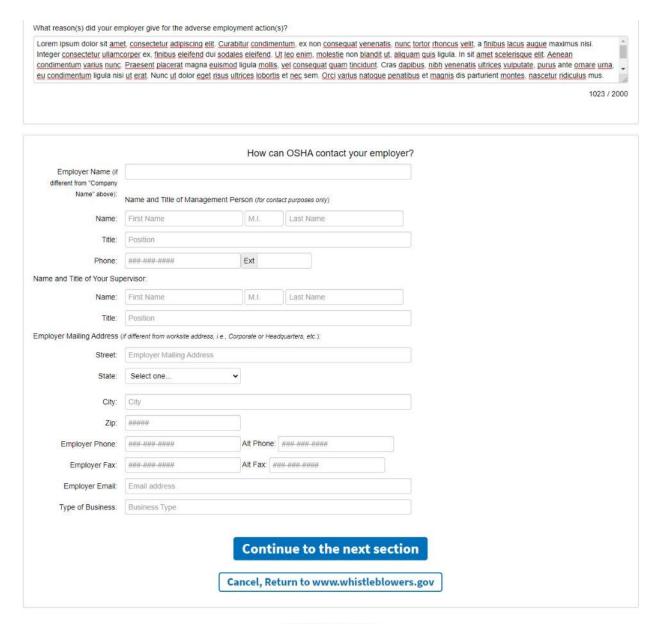


Screen 11: "When you suffered the adverse employment action, where was your worksite?"

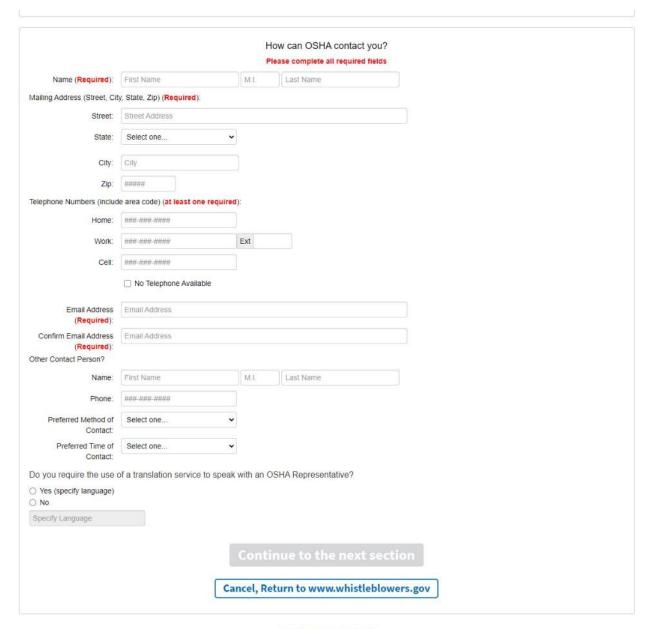




Screen 11: Required field notated in red.







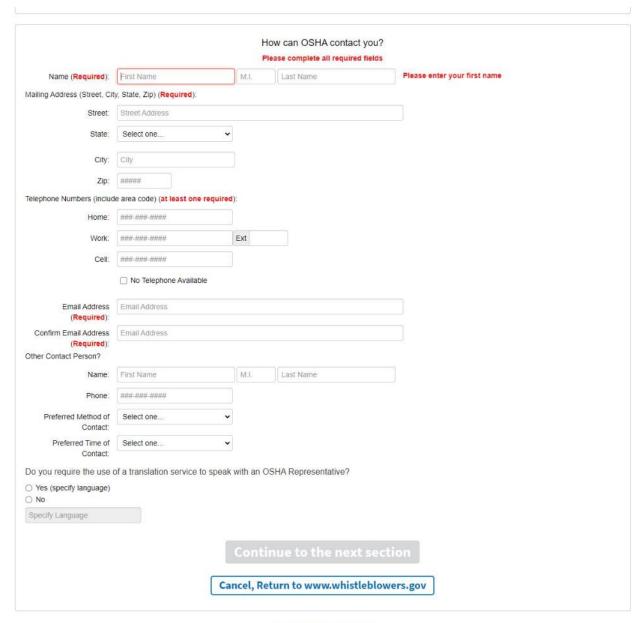
PRIVACY ACT STATEMENT

PAPERWORK REDUCTION ACT STATEMENT

OSHA 8-60.1. (Rev.10/22)



Screen 13: "How can OSHA contact you?"





Screen 13: Required fields notated in red.

			ow can OSHA contact you?	
Name (Required):	John	M.I.	Last Name	Please enter your last name
failing Address (Street, Cit	ty, State, Zip) (Required):			
Street:	Street Address			
State:	Select one 🕶			
State.	Select offe			
City:	City			
Zip:				
	de area code) (at least one required	13:		
71. (57).		).		
Home:	### ###################################			
Work:	######################################	Ext		
Cell:	###-###-####			
	□ Ne Telephone Available			
	□ No Telephone Available			
Email Address	Email Address			
(Required):				
Confirm Email Address (Required):	Email Address			
ther Contact Person?				
Name:	First Name	M.L	Last Name	
Phone:	### ### ####			
Preferred Method of	Select one 🗸			
Contact: Preferred Time of	0.144			
Contact:	Select one v			
o you require the use	of a translation service to speak	with an C	SHA Representative?	
Yes (specify language)				
) No				
Specify Language				
		Golde	nue to the next sect	On

PRIVACY ACT STATEMENT

PAPERWORK REDUCTION ACT STATEMENT

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Screen 13: Existing required fields notated in red.

			ow can OSHA contact you?	
Name (Required):	John	M.I.	Doe	
Mailing Address (Street, Cit	ty, State, Zip) (Required):			
Street	Street Address			Please fill out this field
State:	Colortona			
State.	Select one 🗸			
City:	City			
Zip:	#####			
2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	de area code) (at least one required	1):		
		*		
Home:	###-##################################			
Work:	11111-111111111111111111111111111111111	Ext		
Cell:	###-##################################			
	☐ No Telephone Available			
Email Address	Email Address			
(Required): Confirm Email Address	Email Address			
(Required):	Email Address			
Other Contact Person?				
Name:	First Name	M.I.	Last Name	
Phone:	nnu unu unuu			
Preferred Method of Contact:	Select one v			
Preferred Time of Contact:	Select one v			
Do you require the use	of a translation service to speak	with an C	SHA Representative?	
Yes (specify language)		Care of Control of Control		
) No				
Specify Language				
		Conti	nue to the next sect	ion

PRIVACY ACT STATEMENT

PAPERWORK REDUCTION ACT STATEMENT

OSHA 8-60.1. (Rev.10/22)

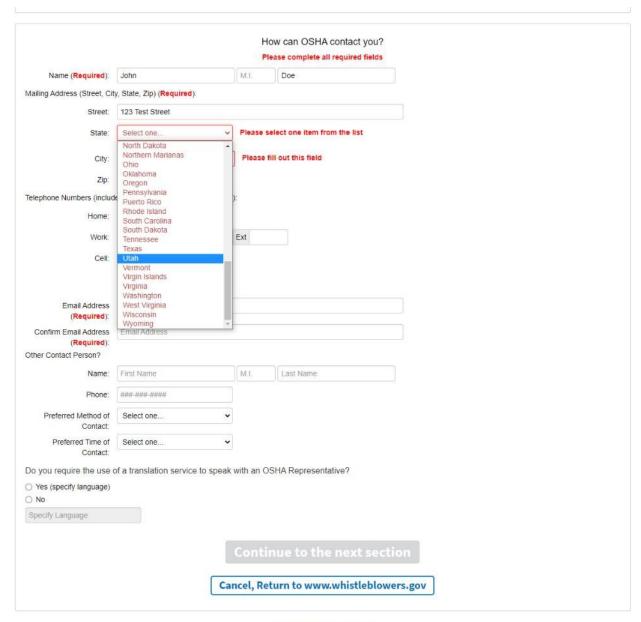


Screen 13: Existing required fields notated in red.

			low can OSHA contact	
Name (Required):	John	M.I.	Doe	
Mailing Address (Street, Cit	ty, State, Zip) (Required):			
Street:	123 Test Street			
State:	Select one v	Please	select one item from the list	
City:	City	Please	fill out this field	
Zip:	#####			
Telephone Numbers (includ	de area code) (at least one require	<b>d</b> ):		
Home:	<i>ини-ини-инии</i>			
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 v	•		
Do you require the use	of a translation service to speak	c with an C	SHA Representative?	
Yes (specify language)	or a translation sorvice to spear	v mar an c	or in tropiosonianto:	
○ No				
Specify Language				
		Conti	nue to the next	section
	_			
	Ca	ncel, Re	eturn to www.whistle	eblowers.gov



Screen 13: Existing required fields notated in red.





Screen 13: Existing required fields notated in red.

How can OSHA contact you?  Please complete all required fields  Name (Required):  Mailing Address (Street, City, State, Zip) (Required):  Street: 123 Test Street
Mailing Address (Street, City, State, Zip) (Required):
Street: 123 Test Street
State: Utah 🔻
State. Utan
City: City Please fill out this field
Zip: #####
Telephone Numbers (include area code) (at least one required):
Home: ####################################
Work: ###-#### Ext
Cell: ###-########
☐ No Telephone Available
Email Address Email Address
(Required):  Confirm Email Address Email Address
(Required):
Other Contact Person?
Name: First Name M.I. Last Name
Phone: ####################################
Preferred Method of Contact:
Preferred Time of Select one   Contact:
Do you require the use of a translation service to speak with an OSHA Representative?
Yes (specify language)
No
Specify Language
Continue to the next section
Cancel, Return to www.whistleblowers.

PRIVACY ACT STATEMENT

PAPERWORK REDUCTION ACT STATEMENT

OSHA 8-60.1. (Rev.10/22)



Screen 13: Existing required fields notated in red.

			How can OSHA contact you? Please complete all required fields	
Name (Required):	John	M.L.	Doe	
Mailing Address (Street, Cit	ty, State, Zip) (Required):			
Street:	123 Test Street			
State:	Utah			
City:	Hooplaville			
Zip:	84567			
Telephone Numbers (includ	de area code) (at least one required	<b>1</b> ):		
Home:	######################################	Please	fill out this field	
Work:	**** ****	Ext		
Cell:	<i>или-ини-илии</i>			
	☐ 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:	<i>ини ини инии</i>			
Preferred Method of Contact:	Select one			
Preferred Time of Contact:	Select one 🗸			
Do you require the use of	of a translation service to speak	with an (	OSHA Representative?	
Yes (specify language)	or a narrolation correct to opean		or a recognition	
○ No				
Specify Language				
			inue to the next se	ctio
	Ca	ncel, R	eturn to www.whistleblo	wers



Screen 13: Existing required fields notated in red.

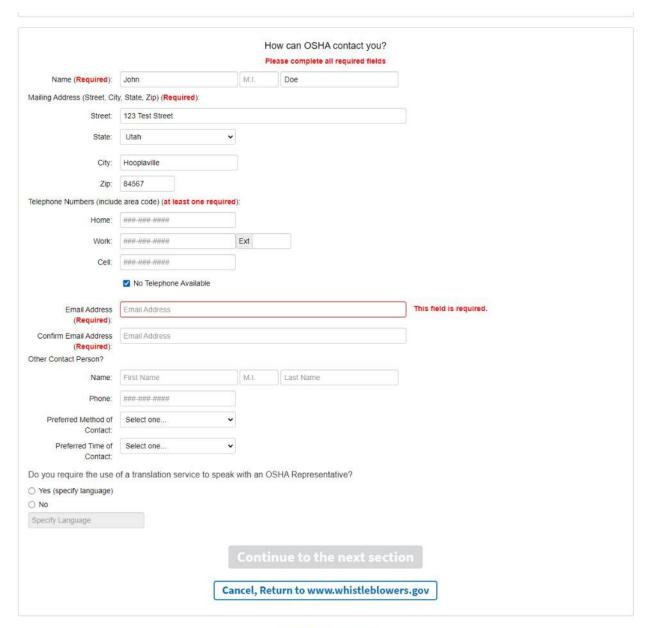
OSHA 8-60.1. (Rev.10/22)

Name: First Name M.I. Last Name  Phone: ###.#######  Preferred Method of Contact:  Preferred Time of Contact:  o you require the use of a translation service to speak with an OSHA Representative?  Yes (specify language)						
Street: 123 Test Street  State: Utah  City: Hooplaville Zip: 84567  Selephone Numbers (include area code) (at least one required): Home: ####################################						
Street: 123 Test Street  State: Utah  City: Hooplaville Zip: 84567  Belephone Numbers (include area code) (at least one required):  Home: ####################################	Name (Required):	John	M.I.	Doe		
State: Utah  City: Hooplaville Zip: 84567  Selephone Numbers (include area code) (at least one required):  Home: ####################################	Mailing Address (Street, City	y, State, Zip) (Required):				
City: Hooplaville Zip: 84567  Elephone Numbers (include area code) (at least one required): Home: ###-####### Please fill out this field  Work: ###-######## Ext  Cell: ###-################################	Street	123 Test Street				
Zip: 84567  elephone Numbers (include area code) (at least one required):  Home: ### #### Please fill out this field  Work: ### #### Ext  Cell: ### #### Ext  Cell: ### #####  No Telephone Available  Please check this if no telephone is available.  Email Address (Required):  Confirm Email Address (Required):  ther Contact Person?  Name: First Name M.I. Last Name  Phone: ### ####  Preferred Method of Contact:  Preferred Time of Contact:  O your require the use of a translation service to speak with an OSHA Representative?  O Yes (specify Language)  No Specify Language	State:	Utah 🗸				
Home: ###.#### Please fill out this field  Work: ###.#### Ext  Cell: ###.################################	City:	Hooplaville				
Home: ####################################	Zip:	84567				
Work: ###-#################################	Telephone Numbers (include	e area code) (at least one required	):			
Cell: ###-################################	Home:	<del>""" -""" -"""</del>	Pleas	e fill out this field		
No Telephone Available   Please check this if no telephone is available.   Email Address   Email Address   Email Address   (Required):   Confirm Email Address   Email Address   (Required):   ther Contact Person?   Name:   First Name   M.I.   Last Name   Phone:   ###-####   Preferred Method of   Contact:   Preferred Time of   Contact:   Preferred Time of   Contact:   O you require the use of a translation service to speak with an OSHA Representative?   Yes (specify language)   No   Specify Language	Work:	######################################	Ext			
Please check this if no telephone is available.  Email Address (Required):  Confirm Email Address (Required):  ther Contact Person?  Name: First Name  Phone: ### ####  Preferred Method of Contact:  Preferred Time of Contact:  Preferred Time of Contact:  O you require the use of a translation service to speak with an OSHA Representative?  O Yes (specify language)  No  Specify Language	Cell:	###-##################################				
Email Address (Required):  Confirm Email Address (Required): ther Contact Person?  Name: First Name  Phone: ### ####  Preferred Method of Contact:  Preferred Time of Contact:  O you require the use of a translation service to speak with an OSHA Representative?  Yes (specify Language)  No Specify Language			vailable.			
ther Contact Person?  Name: First Name M.I. Last Name  Phone: ###-######  Preferred Method of Contact:  Preferred Time of Contact:  o you require the use of a translation service to speak with an OSHA Representative?  Yes (specify language)  No Specify Language						
Name: First Name M.I. Last Name  Phone: ### #### ####  Preferred Method of Contact:  Preferred Time of Contact:  O you require the use of a translation service to speak with an OSHA Representative?  O Yes (specify language)  O No  Specify Language		Email Address				
Preferred Method of Contact:  Preferred Time of Contact:  O you require the use of a translation service to speak with an OSHA Representative?  Yes (specify language)  No Specify Language	Other Contact Person?					
Preferred Method of Contact:  Preferred Time of Contact:  O you require the use of a translation service to speak with an OSHA Representative?  Yes (specify language)  No Specify Language	Name:	First Name	M.I.	Last Name		
Contact:  Preferred Time of Contact:  o you require the use of a translation service to speak with an OSHA Representative?  Yes (specify language)  No Specify Language	Phone:	###-##################################				
Contact: to you require the use of a translation service to speak with an OSHA Representative? Yes (specify language) No Specify Language		Select one v				
o you require the use of a translation service to speak with an OSHA Representative?  Yes (specify language)  No  Specify Language		Select one v				
No Specify Language		of a translation service to speak	with an	OSHA Representativ	re?	
	Yes (specify language)     No					
Continue to the next section	Specify Language					
Continue to the next section						
				tinue to the r	ext sectio	on
Coursel Balance Landon Children				N. 1	Lint-Lin	Transfer of
Cancel, Return to www.whistleblowers.gov		Cal	ncel, F	Return to www.w	nistleblowe	rs.gov



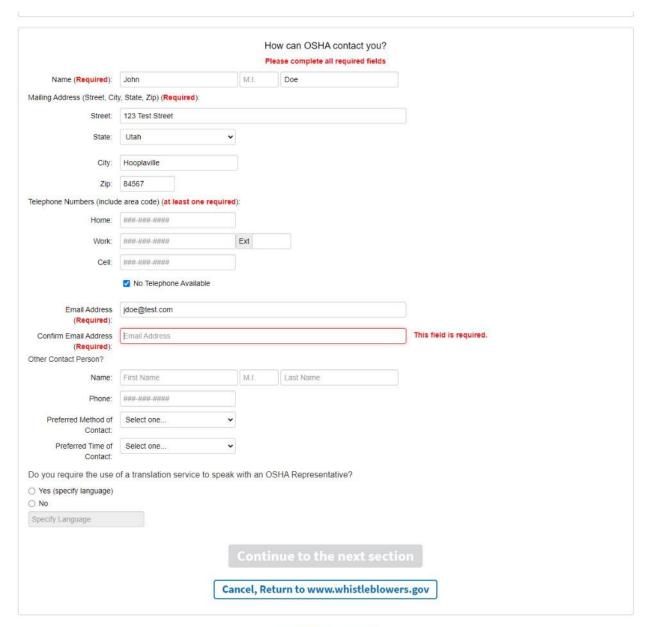
PRIVACY ACT STATEMENT
PAPERWORK REDUCTION ACT STATEMENT

Screen 13: When a user does not populate any one of the 3 telephone number fields, the following text is displayed when the user hovers over the "No Telephone Available" box: "Please check this if no telephone is available."





Screen 13: Existing required fields notated in red.





Screen 13: Existing required fields notated in red.

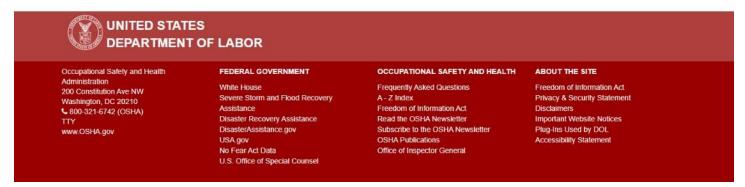
			low can OSHA contact you?	
Name (Required):	John	M.I.	Doe	
Mailing Address (Street, Cit	ty, State, Zip) (Required):			
Street	123 Test Street			
State:	Utah			
-				
City:	Hooplaville			
Zip:	84567			
elephone Numbers (includ	de area code) (at least one require	<b>d</b> ):		
Home:	<i>иии иии ииии</i>			
Work:	<i>ини ини инии</i>	Ext		
Cell	<i>*************************************</i>			
	✓ No Telephone Available			
Email Address (Required):	jdoe@test.com			
Confirm Email Address	doe@test.com			Email does not match
(Required): Other Contact Person?				
Name:	First Name	M.I.	Last Name	
		IW.I.	Ldst Name	
Phone:	#### #################################			
Preferred Method of Contact:	Select one	•		
Preferred Time of Contact:	Select one	•		
	of a translation service to speak	with an O	SHA Representative?	
Yes (specify language)	or a translation service to spear	Will all C	on in Representative?	
No				
Specify Language				
		Conti	nue to the next secti	ion
		with the same and		- 178 AGE # 1405
	l Ca	incel, Re	turn to www.whistleblowe	ers.gov



Screen 13: The user is required to confirm their email address. If the addresses do not match, "Email does not match" is displayed in red.

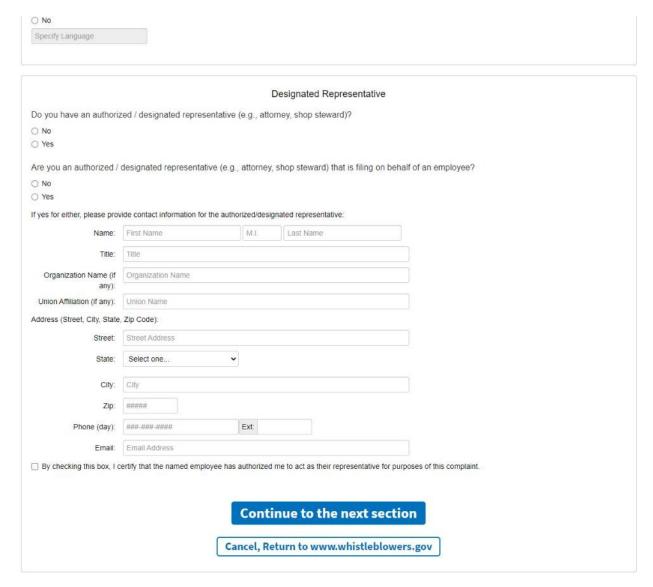
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Name (Required): John M.I. Doe  Mailing Address (Street, City, State, Zip) (Required):  Street: 123 Test Street  State: Utah  City: Hooplaville Zip: 84567  Telephone Numbers (include area code) (at least one required): Home: ###-###-#### Ext  Cell: ###-###-#### Ext  Cell: ###-###-#### Ext  Cell: ###-################################
Mailing Address (Street, City, State, Zip) (Required):  Street: 123 Test Street  State: Utah  City: Hooplaville  Zip: 84567  Telephone Numbers (include area code) (at least one required):  Home: ###-#######  Work: ###-########  Work: ###-#################################
Street: 123 Test Street  State: Utah  City: Hooplaville Zip: 84567  Telephone Numbers (include area code) (at least one required): Home: ###-###### Work: ###-##### Ext  Cell: ###-#####  No Telephone Available  Email Address (Required): Confirm Email Address (Required): Other Contact Person? Name: First Name
State: Utah  City: Hooplaville Zip: 84567  Telephone Numbers (include area code) (at least one required): Home: ### ### ####  Work: ### #### Ext  Cell: ### #### Ext  Cell: ### ####  No Telephone Available  Email Address (Required): Confirm Email Address (doe@test.com (Required): Other Contact Person?  Name: First Name Phone: ### #####  Preferred Method of Contact: Preferred Time of Contact: Preferred Time of Contact: Preferred Time of Contact: Preferred the use of a translation service to speak with an OSHA Representative?  Yes (specify language) No
City: Hooplaville  Zip: 84567  Telephone Numbers (include area code) (at least one required):  Home: ##########  Work: #########  Work: ##########  Z No Telephone Available  Email Address (Required):  Confirm Email Address (Required):  Other Contact Person?  Name: First Name  Phone: ##########  Preferred Method of Contact:  Preferred Method of Contact:  Preferred Time of Contact:  Do you require the use of a translation service to speak with an OSHA Representative?  Yes (specify language)  No
Zip: 84567  Telephone Numbers (include area code) (at least one required):  Home: ##########  Work: ##########  Cell: ##########  Zino Telephone Available  Email Address (Required):  Confirm Email Address (Required):  Other Contact Person?  Name: First Name M.I. Last Name  Phone: #########  Preferred Method of Contact:  Preferred Method of Contact:  Preferred Time of Contact:  Preferred Time of Contact:  Do you require the use of a translation service to speak with an OSHA Representative?  Yes (specify language)  No
Telephone Numbers (include area code) (at least one required):  Home: ##########  Work: #########  Cell: #########  I Ext  Cell: #########  I No Telephone Available  Email Address (Required):  Confirm Email Address (Required):  Other Contact Person?  Name: First Name  Phone: ##########  Preferred Method of Contact:  Preferred Time of Contact:  Preferred Time of Contact:  Do you require the use of a translation service to speak with an OSHA Representative?  Yes (specify language)  No
Home: ### #### Ext  Vork: ### #### Ext  Cell: ### #### Ext  Cell: ### #### Ext  Cell: ### #### Ext  Vo Telephone Available  Email Address (Required):  Confirm Email Address (Required):  Other Contact Person?  Name: First Name M.I. Last Name  Phone: ### #####  Preferred Method of Contact:  Preferred Time of Contact:  Preferred Time of Contact:  Do you require the use of a translation service to speak with an OSHA Representative?  Yes (specify language)  No
Work: ### #### Ext  Cell: ### #### Ext  Cell: ### #### Ext  Idoe@test.com  (Required):  Confirm Email Address (Required):  Other Contact Person?  Name: First Name  Phone: ### #### ####  Preferred Method of Contact:  Preferred Time of Contact:  Preferred Time of Contact:  Ob you require the use of a translation service to speak with an OSHA Representative?  Yes (specify language)  No
Cell: ### ### ####  No Telephone Available  Email Address   Idoe@test.com   (Required):  Confirm Email Address   (Required):  Other Contact Person?  Name: First Name   M.I.   Last Name  Phone: ### #### ####  Preferred Method of Contact:  Preferred Time of Contact:  Preferred Time of Contact:  Do you require the use of a translation service to speak with an OSHA Representative?  Yes (specify language)  No
Email Address (Required):  Confirm Email Address (Required):  Other Contact Person?  Name: First Name M.I. Last Name  Phone: ############  Preferred Method of Contact:  Preferred Time of Contact:  Do you require the use of a translation service to speak with an OSHA Representative?  Yes (specify language)  No
Email Address (Required):  Confirm Email Address (Required):  Other Contact Person?  Name: First Name M.I. Last Name  Phone: ##############  Preferred Method of Contact:  Preferred Time of Contact:  Do you require the use of a translation service to speak with an OSHA Representative?  Yes (specify language)  No
(Required):  Confirm Email Address (Required):  Other Contact Person?  Name: First Name M.I. Last Name  Phone: ### ########  Preferred Method of Contact:  Preferred Time of Contact:  Do you require the use of a translation service to speak with an OSHA Representative?  Yes (specify language)  No
Other Contact Person?  Name: First Name M.I. Last Name  Phone: ###.#########  Preferred Method of Contact:  Preferred Time of Contact:  Do you require the use of a translation service to speak with an OSHA Representative?  Yes (specify language)  No
Other Contact Person?  Name: First Name M.I. Last Name  Phone: ####################################
Preferred Method of Contact:  Preferred Time of Contact:  Do you require the use of a translation service to speak with an OSHA Representative?  Yes (specify language)  No
Preferred Method of Contact:  Preferred Time of Contact:  Do you require the use of a translation service to speak with an OSHA Representative?  Yes (specify language)  No
Contact:  Preferred Time of Contact:  Do you require the use of a translation service to speak with an OSHA Representative?  Yes (specify language)  No
Contact:  Do you require the use of a translation service to speak with an OSHA Representative?  Yes (specify language)  No
Yes (specify language)     No
Yes (specify language)     No
O No
Specific Language This field is required
Specify Language This field is required.
Continue to the next section
Continue to the next section
Consol Between to women birtistististic
Cancel, Return to www.whistleblowers.gov



PAPERWORK REDUCTION ACT STATEMENT

Screen 13: A new section has been added asking the user "Do you require the use of a translation service to speak with an OSHA Representative." If "Yes" is selected the "Specify Language" field is enabled, and required, with "this field is required" displayed in red.





**Screen 14: "Designated Representative"** 

Specify Language						
		Desig	gnated Representative			
Do you have an authorized / des	signated representative	e (e.g., attorney,	shop steward)?			
○ No	,	, 3,,				
Yes						
Are you an authorized / designa	ted representative (e.g	., attorney, shop	steward) that is filing on beh	alf of an employee?		
○ Yes						
If yes for either, please provide conta	act information for the auth	norized/designated	representative:			
Name: (Required) First Na	ame	M.I. Li	ast Name	first name		
Title: Title						
Organization Name (if Organiz	Organization Name					
any):						
Union Affiliation (if any): Union !	Name					
Address (Street, City, State, Zip Cod	e):					
Street: Street /	Address					
State: Select	one	•				
City: City						
Zip: #####						
Phone (day): (Required) ######	<i>II-IIIIIII</i>	Ext:	This field is required.			
Email: Email A	address					
Lindii.		the named employ	yee has authorized me to act as t			



Screen 14: When "Yes" is selected under: "Do you have an authorized / designated representative (e.g., attorney, shop steward)?" The authorized/designated representative Name, Phone Number, and certification checkbox become required.

		D	esignated Depresentative				
			esignated Representative				
	red / designated representative	e (e.g., attorn	ey, shop steward)?				
No Yes							
re you an authorized /	designated representative (e.g	ı., attorney, s	hop steward) that is filing on beh	nalf of an employee?			
) No							
Yes	ide contact information for the author	arizad/dasi===	atod concentative:				
NO SEE SEE	ide contact information for the auti						
Name: (Required)	First Name	M.I.	Last Name	first name			
Title:	Title						
Organization Name (if	Organization Name						
any):	Union Name						
Union Affiliation (if any):							
ddress (Street, City, State							
Street	Street Address						
State:	Select one	•					
City:	City						
Zip:	*******						
		7	The Fold is accorded				
Phone (day): (Required)	######################################	Ext:	This field is required.				
Email:	Email Address						
This field is required	.By checking this box, I certify that	the named em	ployee has authorized me to act as t	their representative for purposes of this complaint.			



Screen 14: When "Yes" is selected under: "Are you an authorized / designated representative (e.g., attorney, shop steward) that is filing on behalf of an employee?" The authorized/designated representative Name, Phone Number, and certification checkbox become required.

#### 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 filling a complaint with OSHA, or any other government or regulatory agency.

## SUBMIT your complaint to OSHA

Cancel, Return to www.whistleblowers.gov

## PRIVACY ACT STATEMENT PAPERWORK REDUCTION ACT STATEMENT

OSHA 8-60.1. (Rev. 10/22)



Washington, DC 20210 € 800-321-6742 (OSHA) www.OSHA.gov

Assistance Disaster Recovery Assistance DisasterAssistance.gov USA.gov No Fear Act Data

U.S. Office of Special Counsel

Freedom of Information Act Read the OSHA Newsletter Subscribe to the OSHA Newsletter Office of Inspector General

ABOUT THE SITE Freedom of Information Act Privacy & Security Statement Disclaimers Important Website Notices Plug-Ins Used by DOL Accessibility Statement

## Screen 15: Form Submission

Paragraphs have been added, with the language:

"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."

#### 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 filling a complaint with OSHA, or any other government or regulatory agency.

# **SUBMIT** your complaint to OSHA

Cancel, Return to www.whistleblowers.gov

#### Submission Failed!

Submission encountered a processing error. Error: ORA-4

PRIVACY ACT STATEMENT

PAPERWORK REDUCTION ACT STATEMENT



Screen 15: Form Submission displaying a failure.

NOTE: It is unlawful to make any materially fals mprisonment of not more than five years, or by By clicking SUBMIT below, you certify that the Remember that you cannot file a whistleblower proceeds with an investigation, the employer w	Submission of ensure that it is accurate. You may change any answers as needed before submitting the form. se, flictitious, or fraudulent statement to an agency of the United States. Violations can be punished by a fine or by by both. See 18 U.S.C. 1001(a): 29 U.S.C. 666(g). information in this complaint is true and correct to the best of your knowledge and belief. Please click "Submit" only once
NOTE: It is unlawful to make any materially fals mprisonment of not more than five years, or by By clicking SUBMIT below, you certify that the Remember that you cannot file a whistleblower proceeds with an investigation, the employer w	se, fictitious, or fraudulent statement to an agency of the United States. Violations can be punished by a fine or by by both. See 18 U.S.C. 1001(a); 29 U.S.C. 666(g).  Information in this complaint is true and correct to the best of your knowledge and belief. Please click "Submit" only once
mprisonment of not more than five years, or by By clicking SUBMIT below, you certify that the Remember that you cannot file a whistleblower proceeds with an investigation, the employer w	by both. See 18 U.S.C. 1001(a); 29 U.S.C. 666(g). Information in this complaint is true and correct to the best of your knowledge and belief. Please click "Submit" only onc
Remember that you cannot file a whistleblower proceeds with an investigation, the employer w	
iling a complaint with OSHA does not preclud	r complaint with OSHA anonymously. If you file a complaint, OSHA will contact you to discuss your complaint. If OSHA will be notified of your complaint.
	de 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 with OSHA, or any other government or regulatory	d or not. Please remember that your employer cannot terminate you or in any other manner retaliate against you for filing a complain y agency.
	SUBMIT your complaint to OSHA
	Cancel, Return to www.whistleblowers.gov
	We suggest that you print and save this page for your records.
	Print this Complaint
	Complaint Received!
Thank youll As of October 23, 2023	05:24 PM Eastern Time, you have filed a whistleblower retallation complaint with OSHA using our online filing system.
mank your As or occoper 25, 2525	Your complaint submission reference number is: ECN87384
No further action is necessary at	this time. An OSHA representative will contact you using the contact information that you provided in your complaint.
No further action is necessary at t	
	It is very important that you respond to OSHA's follow-up contact.
	We appreciate the opportunity to be of service to you.
Ple	ease save the confirmation email or the ECN number above for future reference.
	How Did You Find Us?
How did you learn about OSHA's Whistleblowe	er Protection Programs? (Please click all that apply)
DOL's website (www.dol.gov)	
OSHA's website (www.osha.gov)	
OSHA employee	
Referred by another agency or organization	
Name of Agency/Organization	
Union	
Coworker	
Friend or Relative	
Search engine (e.g., Google)	
☐ News article	
Conference or Industry event	
Other	

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**Screen 16: Submission Confirmation and Optional Survey.** 

Print this Complaint button is made available upon successful submission.