

The screenshot shows the top navigation bar of the OSHA website, including the Department of Labor logo and social media icons. Below this is the main header with the OSHA logo and navigation links. A search bar is present. The main content area features an "EMERGENCY NOTICE" box with contact information for reporting emergencies. This is followed by an "Introduction & Instructions" section with several paragraphs of text and a bulleted list. A prominent blue button labeled "Yes, Launch the Online Whistleblower Complaint Form" is centered on the page. Below the button are links for a privacy statement and a paperwork reduction act statement. The footer contains contact information for OSHA and the Department of Labor, along with various links and disclaimers.

**UNITED STATES DEPARTMENT OF LABOR**

Occupational Safety and Health Administration

**OSHA ONLINE WHISTLEBLOWER COMPLAINT FORM**

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

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

1-800-321-OSHA (6742)  
TTY 1-877-889-5627

**Introduction & Instructions**

OSHA administers more than twenty whistleblower protection laws, including Section 11(c) of the Occupational Safety and Health (OSH) Act, which prohibits 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](http://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 # 1218-0238; Expires: 03-31-2027

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

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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."



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Navigation menu with dropdowns for OSHA, STANDARDS, ENFORCEMENT, TOPICS, HELP AND RESOURCES, NEWS, and a search bar labeled SEARCH OSHA.

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## OSHA ONLINE WHISTLEBLOWER COMPLAINT FORM

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

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  
[Next](#)

### 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. Please send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to OSHA.DWPP@dol.gov or to the Directorate of Whistleblower Protection Programs, Department of Labor, Room N4624, 200 Constitution Ave., NW, Washington, DC; 20210; Attn: Paperwork Reduction Act Comment. (This address is for comments only; do not send completed complaint forms to this office.)

### PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act, an Agency may not conduct or sponsor, and no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this voluntary collection of information is estimated to be one hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Please send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to OSHA.DWPP@dol.gov or to the Directorate of Whistleblower Protection Programs, Department of Labor, Room N4624, 200 Constitution Ave., NW, Washington, DC; 20210; Attn: Paperwork Reduction Act Comment. (This address is for comments only; do not send completed complaint forms to this office.)

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

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**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.**

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### OSHA ONLINE WHISTLEBLOWER COMPLAINT FORM

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

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

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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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.





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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

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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### 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."





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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

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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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.”



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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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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.



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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

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





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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

2. 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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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.



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

### Wage and Hour Division (WHD)

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

- The Family Medical Leave Act [i](#)
- Fair Labor Standards Act [i](#)
- Your H-2B [i](#) visa
- No or Not Sure

2. 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 the [Wage & Hour Division](#) for further assistance.

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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>.

Yes, or Not Sure  
 No

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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

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



Yes, or Not Sure  
 No

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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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**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
- No

Next

National Labor Relations Board (NLRB)

1. Is your complaint related to retaliation - including threats, interrogation, surveillance, discipline, or termination – for engaging in union [i](#) or [protected concerted activity](#) [i](#)?

- 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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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.”

Yes, or Not Sure  
 No

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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

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**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.**



Yes, or Not Sure  
 No

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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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**Screen 3: If “Yes” is selected, a second question is displayed.**

Yes, or Not Sure  
 No

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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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**UNITED STATES  
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**Screen 3: “Workplace Safety and Health” must be selected for the “Next” button to become available.**

Yes, or Not Sure  
 No

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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)

**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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**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/>.**

Are you filing this complaint as a:

- 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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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
- No or Not Sure

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



Are you a whistleblower?

- 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)

[Next](#)

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
- No or Not Sure

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**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.**

Are you a federal employee?

- 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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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
- 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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**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/>.**

Are you a federal employee?

- 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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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
- 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

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.

**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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**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.”**

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)

[Next](#)

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

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

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.

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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**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.”**



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)

[Next](#)

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

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

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.

**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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**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.”**

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)

[Next](#)

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

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

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.

**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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**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.”**

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)

[Next](#)

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

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 [i](#)

Comprehensive Environmental Response, Compensation and Liability Act [i](#)

Safe Drinking Water Act [i](#)

Solid Waste Disposal Act [i](#) / 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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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.

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



**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.

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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**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);
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.”

**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.

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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**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)**

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

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**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 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.

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.

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**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 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.

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.

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**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.”**

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

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**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.”**

**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.

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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**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).”**

Equal Employment Opportunity Commission (EEOC)  
Does your complaint concern conduct such as hiring, 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.

[Next](#)

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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**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).”**



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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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.

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**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.”**

**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.

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.

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**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.”**

**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.

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.

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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.”

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

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**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.”**



**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 ⓘ
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- Employer Medical Exams ⓘ
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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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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.

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**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.”**

**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?

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

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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.

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**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.”**

**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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**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.**

**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.

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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**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, 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.

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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**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.**

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.

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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**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/>.**

Next

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

Next

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



Next

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

Next

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)

Unsafe social distancing

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



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

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



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Have you suffered an adverse employment action?

**One selection is required**

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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**

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**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.**





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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)
- Other (please describe)**

**No, I have not suffered an adverse employment action**

**Continue to the next section**

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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.**



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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](http://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**

[Continue to the next section](#)

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

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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](http://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."

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 engaging in a protected activity."



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Notice of Whistleblower Complaint

OMB # 1218-0236

Have you suffered an adverse employment action?

**At least 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 click all that apply:

- 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)

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?

[Cancel, Return to www.whistleblowers.gov](#)

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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, 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 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 click all that apply:

<input checked="" type="checkbox"/> Termination / Layoff	<input type="checkbox"/> Failure to Hire / Re-hire
<input type="checkbox"/> Discipline	<input type="checkbox"/> Negative Performance Evaluation
<input type="checkbox"/> Demotion / Reduced Hours	<input type="checkbox"/> Threat to Take any of the Above Actions
<input type="checkbox"/> Suspension	<input type="checkbox"/> Harrassment / Intimidation
<input type="checkbox"/> Denial of Benefits	<input type="checkbox"/> Other (please describe)
<input type="checkbox"/> Failure to Promote	<input type="text" value="please describe"/>

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

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

[Continue to the next section](#)

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**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 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 click all that apply:

<input checked="" type="checkbox"/> Termination / Layoff	<input type="checkbox"/> Failure to Hire / Re-hire
<input type="checkbox"/> Discipline	<input type="checkbox"/> Negative Performance Evaluation
<input type="checkbox"/> Demotion / Reduced Hours	<input type="checkbox"/> Threat to Take any of the Above Actions
<input type="checkbox"/> Suspension	<input type="checkbox"/> Harrassment / Intimidation
<input type="checkbox"/> Denial of Benefits	<input type="checkbox"/> Other (please describe)
<input type="checkbox"/> Failure to Promote	<input type="text" value="please describe"/>

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)

**Please enter a date in this field**

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

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

(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?

0 / 2000

Please do not include witness names or their contact information

0 / 2000

[Continue to the next section](#)

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

(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)

**Please check at least one box in this list to continue.**

Why do you believe you suffered adverse employment action(s)?

Please describe why you believe you suffered the adverse employment action(s)

Is there anything else that you would like OSHA to know about what happened?

0 / 2000

Please do not include witness names or their contact information

0 / 2000

[Continue to the next section](#)

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Screen 9: **Required selection notated in red.**

(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  
  
**Please enter the name of the Agency you Contacted**
- Complained to management about unlawful conditions, conduct, or practices
- Testified or provided statement in a proceeding (e.g., government inspection or investigation)
- Because 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?

0 / 2000

Please do not include witness names or their contact information

0 / 2000

**Continue to the next section**

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Screen 9: Existing required description notated in red.



(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)

**Please describe why you believe you suffered the adverse employment action(s)**

Is there anything else that you would like OSHA to know about what happened?

0 / 2000

Please do not include witness names or their contact information

0 / 2000

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Is there anything else that you would like OSHA to know about what happened? 0 / 2000

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745 / 2000

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

Is there anything else that you would like OSHA to know about what happened? 0 / 2000

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

Company Name (Required)  Please fill out this field

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

Private  
 Public

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Screen 10: Existing required fields noted in red.

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745 / 2000

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

Federal

State, County, Municipal, or Territorial

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**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.**



Is there anything else that you would like OSHA to know about what happened? 0 / 2000

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Company Name   
(Required)

Is this a private or public sector employer?

Private  
 Public  
 Federal  
 State, County, Municipal, or Territorial

**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 administrators, please call 1-800-321-OSHA (6742) for assistance, or visit [www.whistleblowers.gov](http://www.whistleblowers.gov).

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**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.**

0 / 2000

**ATTENTION**

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](http://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](http://www.whistleblowers.gov).

Company Name   
(Required)

Is this a private or public sector employer?

Private

Public

Federal

State, County, Municipal, or Territorial

**Continue to the next section**

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**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.**

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

Public

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:

Base:

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

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


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Screen 11: Required field notated in red.



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

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Curabitur condimentum, ex non consequat venenatis, nunc tortor rhoncus velit, a finibus lacus augue maximus nisi. Integer consectetur ullamcorper ex, finibus eleifend dui sodales eleifend. Ut leo enim, molestie non blandit ut, aliquam quis ligula. In sit amet scelerisque elit. Aenean condimentum varius nunc. Praesent placerat magna euismod ligula mollis, vel consequat quam tincidunt. Cras dapibus nibh venenatis ultrices vulputate, purus ante ornare urna. eu condimentum ligula nisi ut erat. Nunc ut dolor eget risus ultrices lobortis et nec sem. Orci varius natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus.

1023 / 2000

### 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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How can OSHA contact you?  
**Please complete all required fields**

Name **(Required)**:  M.I.  **Please enter your first name**

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

Street:

State:

City:

Zip:

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:  M.I.

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

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How can OSHA contact you?  
**Please complete all required fields**

Name **(Required)**: John M.I. Last Name **Please enter your 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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How can OSHA contact you?  
**Please complete all required fields**

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

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

Street:  **Please fill out this field**

State:

City:

Zip:

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:  M.I.

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

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How can OSHA contact you?  
**Please complete all required fields**

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

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

Street:

State:  **Please select one item from the list**

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 **(Required)**:

Confirm Email Address **(Required)**:

Other Contact Person?

Name:  M.I.

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

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How can OSHA contact you?  
**Please complete all required fields**

Name (Required): John M.I. Doe

Mailing Address (Street, City, State, Zip) (Required):  
Street: 123 Test Street  
State: **Please select one item from the list**  
City: **Please fill out this field**  
Zip:  
Telephone Numbers (include):  
Home:  
Work:  
Cell:  
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  
Specify Language

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**Please complete all required fields**

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

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

Street:

State:

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 **(Required)**:

Confirm Email Address **(Required)**:

Other Contact Person?

Name:  M.I.

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

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**Please complete all required fields**

Name **(Required)**:  M.I.  Doe

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

Street:

State:

City:

Zip:

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

Home:  **Please fill out this field**

Work:  Ext.

Cell:

No Telephone Available

Email Address **(Required)**:

Confirm Email Address **(Required)**:

Other Contact Person?

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

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**Please complete all required fields**

Name (Required):  M.I.

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

Street:

State:

City:

Zip:

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

Home:  **Please fill out this field**

Work:  Ext.

Cell:

No Telephone Available  
Please check this if no telephone is available.

Email Address (Required):

Confirm Email Address (Required):

Other Contact Person?

Name:  M.I.

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

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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.” 75

How can OSHA contact you?  
**Please complete all required fields**

Name (Required):  M.I.

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

Street:

State:

City:

Zip:

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

Home:

Work:  Ext.

Cell:

No Telephone Available

Email Address (Required):  **This field is required.**

Confirm Email Address (Required):

Other Contact Person?

Name:  M.I.

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

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Screen 13: Existing required fields notated in red.

How can OSHA contact you?  
**Please complete all required fields**

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

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

Street:

State:

City:

Zip:

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

Home:

Work:  Ext.

Cell:

No Telephone Available

Email Address   
**(Required)**:

Confirm Email Address   
**(Required)**: This field is required.

Other Contact Person?

Name:  M.I.

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

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Name (Required):  M.I.

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

Street:

State:

City:

Zip:

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

Home:

Work:  Ext.

Cell:

No Telephone Available

Email Address (Required):

Confirm Email Address (Required):  Email does not match

Other Contact Person?

Name:  M.I.

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

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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.

How can OSHA contact you?  
**Please complete all required fields**

Name (Required):

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

Street:

State:

City:

Zip:

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

Home:

Work:

Cell:

No Telephone Available

Email Address (Required):

Confirm Email Address (Required):

Other Contact Person?

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

**This field is required.**

[Continue to the next section](#)

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PAPERWORK REDUCTION ACT STATEMENT

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**UNITED STATES  
DEPARTMENT OF LABOR**

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

**FEDERAL GOVERNMENT**

White House  
Severe Storm and Flood Recovery  
Assistance  
Disaster Recovery Assistance  
DisasterAssistance.gov  
USA.gov  
No Fear Act Data  
U.S. Office of Special Counsel

**OCCUPATIONAL SAFETY AND HEALTH**

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Important Website Notices  
Plug-Ins Used by DOL  
Accessibility 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. 79

No  
Specify Language

---

**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:

Title:

Organization Name (if any):

Union Affiliation (if any):

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

Street:

State:

City:

Zip:

Phone (day):

Email:

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

[Continue to the next section](#)

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Screen 14: "Designated Representative"

No  
Specify Language

---

**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.

[Continue to the next section](#)

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**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.**



No  
Specify Language

### 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.

[Continue to the next section](#)

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**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. 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**

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

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

[SUBMIT your complaint to OSHA](#)

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

**Submission Failed!**

Submission encountered a processing error.  
Error: ORA-4

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Screen 15: Form Submission displaying a failure.

Submission

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

**NOTE: It is unlawful to make any materially false, fictitious, or fraudulent statement to an agency of the United States. Violations can be punished by a fine or by imprisonment of not more than five years, or by both. See 18 U.S.C. 1001(a); 29 U.S.C. 666(g).**

**By clicking SUBMIT below, you certify that the information in this complaint is true and correct to the best of your knowledge and belief. Please click "Submit" only once. Remember that you cannot file a whistleblower complaint with OSHA anonymously. If you file a complaint, OSHA will contact you to discuss your complaint. If OSHA proceeds with an investigation, the employer will be notified of your complaint.**

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

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

**SUBMIT your complaint to OSHA**

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

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

**Print this Complaint**

**Complaint Received!**

Thank you! As of October 23, 2023 05:24 PM Eastern Time, you have filed a whistleblower retaliation complaint with OSHA using our online filing system.

**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.

It is very important that you respond to OSHA's follow-up contact.

We appreciate the opportunity to be of service to you.

**Please save the confirmation email or the ECN number above for future reference.**

How Did You Find Us?

**How did you learn about OSHA's Whistleblower Protection Programs? (Please click all that apply)**

- DOL's website ([www.dol.gov](http://www.dol.gov))
- OSHA's website ([www.osha.gov](http://www.osha.gov))
- OSHA employee
- Referred by another agency or organization
- Union
- Coworker
- Friend or Relative
- Search engine (e.g., Google)
- News article
- Conference or Industry event
- Other

**Send**

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

**Print this Complaint button is made available upon successful submission.**



