



**Mine Safety and Health Administration**  
MSHA - Protecting Miners' Safety and Health Since 1978

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**Hazardous Condition Complaint**

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OMB Control Number and Expiration Date 1219-0014; 03/31/2026.

Public reporting burden for this form is estimated to average 12 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is voluntary. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: to the Mine Safety and Health Administration, U.S. Department of Labor, Office of Standards Regulations and Variances, 200 Constitution Ave NW Suite C3319, Washington, DC 20210, Paperwork Reduction Project (1219-0014). NOTE: Do not send your completed form to this address.

**\* Step 1: Contact Information**

Choose an Option

- ☐ I would like to file an anonymous Hazardous Condition Complaint. (Contact information is optional; however, a phone number or e-mail address can help if there are follow-up questions. Your information will be kept strictly confidential.)
- ☐ I would like to file a Hazardous Condition Complaint and my contact information is provided below. I understand that my contact information is for use by MSHA only and will be kept strictly confidential.

**First Name:**

**Last Name:**

**Contact Phone:**

**Email Address**

☐ Check the box to the left if you would like to file a formal Hazardous Condition Complaint. To submit a formal hazardous condition complaint, a valid email address is required. MSHA uses this email address to confirm your intention to "sign" the complaint electronically.

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(\* Required Fields)

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OMB No.: 1219-0014

Collection Instrument: Hazardous Condition Complaint

Expiration: 3/31/2026

**UNITED STATES  
DEPARTMENT OF LABOR**

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**Hazardous Condition Complaint**

Step 1: Contact Information > Step 2: Complaint Information > Step 3: Summary

**Step 2: Complaint Information**

Name of Mine Company:

Name of Mine:

\* City or Nearest Town:

\* State:

\* County:

Zip Code:

MSHA Mine ID:

\* Type of Operation?  
☐ Coal Mine or Coal Handling Facility ☐ Metal/Nonmetal Mine, Mill, Plant or Quarry

\* Nature of Complaint:

Please be as descriptive as possible and provide details regarding the nature of the complaint.

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(\* Required Fields)

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Mine Safety and Health Administration (MSHA) | 200 Constitution Ave NW Suite C3319, Washington, DC 20210  
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**Hazardous Condition Complaint**

Step 1: Contact Information > Step 2: Complaint Information > **Step 3: Summary**

Contact Information [Edit](#)

Type of Complaint Informal  
Anonymous User Yes

*I understand that my contact information is for use by MSHA only and will be kept strictly confidential.*

First Name

Last Name

Contact Phone

Email Address

Complaint Information [Edit](#)

Name of Mine Company

Name of Mine

City or Nearest Town x

State Arizona

County Apache

Zip Code

MSHA Mine ID

Type of Operation? Coal Mine or Coal Handling Facility

xx

Nature of Complaint

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Submit this form to MSHA

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