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OSHA ONLINE WHISTLEBLOWER COMPLAINT FORM

Notice of Whistleblower Complaint

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

Please fill out sections 1 through 30, but READ THIS first. Items noted with an asterisk (*) are required in order to accept your submission.



US Department of Labor
Occupational Safety and Health Administration
Notice of Whistleblower Complaint

OMB # 1218-0236

PART 1 - EMPLOYEE INFORMATION

Required fields denoted by *

1. Name*:

2. Present Address:

Street*:

City*:

State *:

Zip*:

3. Telephone Numbers*: (at least one required)

Home: ()

Work: () Ext

Cell: ()

4. Email Address:

5. Preferred Method of Contact:

6. Best time to be contacted: (include time zone):

7. Work Site Address at Place of Employment where Alleged Retaliation Occurred

Street:

City:

State: Select one...

Zip: #####

8. Date of Hire at Place of Employment where Alleged Retaliation Occurred: mm/dd/yyyy

9. Job Title at Place of Employment where Alleged Retaliation Occurred:

10. Exclusive bargaining (union) representative (if any): Yes No I don't know

11. The person filing this complaint is: Employee Representative of Employee Other (please describe)

If you are an authorized representative of the complainant, please complete Part 4 - Identification of Representative.

PART 2 - EMPLOYER INFORMATION

12. Employer Name*:

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

Name: First Name M.I. Last Name

Title:

Phone:

(###) ###-#### Ext

14. Name and Title of Supervisor:

Name: First Name M.I. Last Name

Title:

15. Employer Mailing Address (if different from worksite address in #7):

Street:

City:

State: Select one...

Zip: #####

16. Employer Phone:

(###) ###-#### Ext

17. Employer Fax:

(###) ###-####

18. Employer Email:

19. Type of Business:

PART 3 - ALLEGATION OF DISCRIMINATION/RETALIATION

Please answer the questions below in the space provided. If you need additional space, use the "Additional Comments" section.

20. What management person is responsible for the retaliation you are reporting:

Name:

First Name

M.I.

Last Name

Position/Title:

21. What are the actions or events that you are reporting to OSHA?*(You may check one or more of the boxes below)

Termination / Layoff

Discipline

Demotion / Reduced Hours

Denial of Benefits

Failure to Promote

Negative Performance Evaluation

Failure Hire / Re-hire

Harassment / Intimidation

Suspension

Threat to Take any of the Above
Actions

Other

22. When did the employer take these actions against you? Please list all relevant date(s), ex. (mm/dd/yyyy), to the best of your recollection. (If you cannot remember the exact date, please put the approximate date)

Limit entry to 500 characters.

23. When did you first learn that the action(s) would be taken against you? Please list all relevant date(s), ex. (mm/dd/yyyy), to the best of your recollection. (If you cannot remember the exact date, please put the approximate date)

Limit entry to 500 characters.

24. What reason(s) did the employer give you for each of these actions?

Limit entry to 500 characters.

25. Why do you believe the employer took these actions against you? (You may check one or more of the boxes below)

Called / Filed with OSHA

Called / Filed with Another Agency

Complained to Management

Reported an Accident or Injury

Participated in Safety and Health Activities

Refused to Perform Task (Please specify reason for refusal)

Limit entry to 500 characters.

Testified or provided statement in investigation or other proceedings

Limit entry to 500 characters.

Other (please describe)

Limit entry to 500 characters.

26. For any of the actions you listed in #25, please provide the relevant date(s), ex. (mm/dd/yyyy), you engaged in that activity.

Limit entry to 500 characters.

27. Do you believe the employer knew you engaged in the activity described in #25? If so, how do you think they learned of it?

Limit entry to 500 characters.

28. Have you filed any previous complaints against this employer with OSHA regarding these or similar retaliatory actions? Yes No

If yes, please provide the complaint number and date filed.

Complaint Number:

Date filed:

29. Have you taken any other action(s) to appeal, grieve, or report this matter under any other procedure? If yes, please list the agency/organization(s) with whom you have appealed/grieved/reported this matter, the date filed, the current status of the procedure, and any outcome:

Limit entry to 1500 characters.

30. How did you first become aware that you could file a complaint with OSHA?

OSHA Website OSHA Poster News Story OSHA Representative Union Other (please describe)

PART 4 - IDENTIFICATION OF REPRESENTATIVE

Complete this part if you are an authorized representative of the complainant. If an investigation is opened, you will be asked to submit a signed Designation of Representative Form that will be sent to you.

If you are filing this complaint on your own behalf, do NOT complete this part.

Name:

Title:

Organization Name:

Union Affiliation:

Address:

Street:

City:

State:

Zip:

Phone: Ext:

Cell:

Email:

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

PART 5 - CERTIFICATION

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 checking this box, I certify that the information in this complaint is true and correct to the best of my knowledge and belief.

Additional Comments

Please provide any additional comments that may be pertinent to your claim:

Limit entry to 1500 characters.

OSHA 8-60.1 (Rev.1/13)