



SAFETY AND HEALTH DISCRIMINATION COMPLAINT

(ONLY APPLICABLE WHEN SAFETY AND HEALTH ISSUES ARE INVOLVED)

						Case No.	
Last Name		First	Middle	Date		Cell-Phone Number	
Present Address					Telephone Number		
City	County	State	ZIP	Complainant's Attorney		Telephone #	
Employer			Business Name				
Address			City	State	ZIP+4	County	
Type of Business					Telephone Number		
Union local no.	Address		City	State	ZIP+4		
Have you filed a grievance? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the status of your grievance?		Union personnel		Date grievance filed		
Date hired	Supervisor's name		Department you worked in		Job title		
Final wage rate	Has employment been terminated? <input type="checkbox"/> Date <input type="checkbox"/> No		Check related hazard type <input type="checkbox"/> Safety <input type="checkbox"/> Both <input type="checkbox"/> Health		Did you request a safety or health inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date alleged act of discrimination occurred		Date you became aware of Employer's action			Date requested		
Describe how you were discriminated against:							
Why did the employer take this action (in your opinion)?							
Did you and/or anyone else file any complaints with the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				What were the results of your complaint?			

Name, address and phone number of others who filed a complaint

Have you filed your complaint with another agency? If so, which agency have you contacted?

Have you received employee evaluation(s) during your employment? If so, please specify date(s).

Have you received any warnings or reprimands from your employer? If yes, specify why and if they were oral or written.

What may we expect the employer to tell us about you?

List the names, addresses and telephone numbers of witnesses to the alleged acts of discrimination.

I certify under the penalties of perjury that the information provided herein is the truth to the best of my knowledge.

Print Name	Date	Signature
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Mail completed form to: Department of Labor and Industries
WISHA Services Division
PO Box 44600
Olympia WA 98504-4600

Department use only

Location complaint filed	I certify that the complaint was filed with me on:	
Phone	Dept representative and title	

Your rights under RCW 49.17.160 (1) and (2) are:

RCW 49.17.160 Discrimination against employee filing complaint, instituting proceedings or testifying prohibited-Procedure-Remedy. (1) No person shall discharge or in any manner discriminate against any employee because such employee has filed any complaint or instituted or caused to be instituted any proceeding under or related to this chapter, or has testified or is about to testify in any such proceeding or because of the exercise by such employee on behalf of himself or others of any right afforded by this chapter. (2) Any employee who believes that he has been discharged or otherwise discriminated against by any person in violation of this section may, within thirty days after such violation occurs, file a complaint with the director alleging such discrimination. Upon receipt of such complaint, the director shall cause such investigation to be made as he deems appropriate. If upon such investigation, the director determines that the provisions of this section have been violated, he shall bring an action in the superior court of the county wherein the violation is alleged to have occurred against the person or persons who is alleged to have violated the provisions of this section. If the director determines that the provisions of this section have not been violated, the employee may institute the action on his own behalf within thirty days of such determination. In any such action the superior court shall have jurisdiction, for cause shown, to restrain violations of subsection (1) of this section and order all appropriate relief including rehiring or reinstatement of the employee to his former position with back pay.