



ALLEGED SAFETY OR HEALTH HAZARDS

FOR EMPLOYEES OR EMPLOYEE REPRESENTATIVES:

This form is provided for the assistance of any complainant and is not intended to constitute the exclusive means by which a complaint may be registered with the Department of Labor & Industries.

RCW 49.17.110 Complaints by employees or their representatives. (1) Any employee or representative of employees who in good faith believes that a violation of any safety or health standard or an imminent danger exists in any workplace where such employee is employed may request an inspection of such workplace by giving notice of the alleged violation or danger to any office or officer of the division of industrial safety and health of the department. Any such notice shall be reduced to writing, shall set forth with reasonable particularity the grounds for the notice, and shall be signed by the employee or representative of employees. A copy shall be provided the employer or his agent by an officer of the division no later than at the time of inspection, if any, except that upon the request of the person giving such notice, his name and the names of individual employees referred to therein shall not appear in such copy or on any record published, released, or made available by the Department of Labor and Industries.

(2) If upon receipt of such notification it is determined that the complaint meets the requirements set forth in subsection (1) of this section, and that there are reasonable grounds to believe that the alleged violation or danger exists, an inspection shall be made as soon as practicable, to determine if such alleged violation or danger exists. Inspections under this section may extend beyond the matters referred to in the complaint.

NOTE: 'RCW 49.17.160, protects employees or representatives filing safety and/or health complaints, against discriminatory actions by an employer.'

How does DOSH define a "representative of employees?"

A representative of employees includes the elected labor organizations representing employees at a specific worksite. It also includes employee elected representatives on a specific work place safety committee for the employee in question.

FOR THE GENERAL PUBLIC

INSTRUCTIONS:

Complete items 2 through 18 as accurately and completely as possible. Describe each hazard you think exists in as much detail as you can. If the hazards described in your complaint are not all in the same area, please identify where each hazard can be found at the worksite. If there is any particular evidence that supports your suspicion that a hazard exists (for instance, a recent accident or physical symptoms of employees at your site) include the information in your description. If you need more space than is provided on the form, continue on any other sheet of paper.

After you have completed the form, return it to your local DOSH office.

Region 1

729 100th St SE
Everett WA 98208-3727
(425) 290-1300

Region 2

315 5th Ave S Suite 200
Seattle WA 98104-2607
(206) 515-2800

Region 3

950 Broadway Suite 200
Tacoma WA 98402-4405
(253) 596-3800

Region 4

PO Box 44651
Olympia WA 98504-4651
(360) 902-5566

Located at:
7273 Linderson Way SW
in Tumwater

Region 5

15 W Yakima Ave Suite 100
Yakima WA 98902-3480
(509) 454-3700

Region 6

901 N Monroe Suite 100
Spokane WA 99201-2149
(509) 324-2591



**ALLEGED SAFETY OR
HEALTH HAZARDS**

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------|-------------|
| 1. Date | | | |
| 2. Employer Name | | | |
| 3. Site Location – Street | | City | State ZIP+4 |
| 4. Mailing Address (if different) Street | | City | State ZIP+4 |
| 5. Name of Management/Supervisory Official | | 6. Business Telephone Number | |
| 7. Description of Business | | | |
| 8. Hazard Description. Describe the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard: | | | |

9. Hazard Location. Specify the particular building/work site and the work shifts where the alleged hazard is occurring.

CONFIDENTIALITY NOTE: DOSH will only maintain confidentiality regarding the source of a complaint for an employee or employee representative that files a DOSH work place safety and health complaint. The employee or employee representative must specifically request confidentiality. If the confidentiality section of the complaint form has not been completed, or there are questions regarding the complainants request for confidentiality, DOSH will contact the complainant prior to initiating a complaint inspection. SEE DOSH Regional Directive (WRD) 1.95 "Safety & Health Complaint Handling and Classification" for more guidance.

10. Who else have you informed about this unsafe condition/practice? (Mark all that apply)
 Employer Other Government Agency (specify) Other Individual

Please indicate the name of the person who was informed, job title and the date he/she was notified

11. Are you a current employee or employee representative of this employer? YES NO

If you are a current employee or employee representative, please indicate your desire:
 Do not reveal my name to the Employer. My name may be revealed to the Employer

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12. The Undersigned believes that a violation of an Occupational Safety or Health standard exists which is a job safety or health hazard of the establishment named on this form: (Mark "X" in one box)
 Employee Representative of Employees Other (specify)

13. Name (type or print) 14. Telephone Number

15. Address – Street City State ZIP+4)

16. Signature: 17. Date

18. If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title.
 Organization/Union Name: Your Title:

OFFICIAL USE ONLY

19. Reporting ID 20. Previous Activity? Yes No
If yes, Enter Type: Number: 21. Optional Complaint Number

| | | | | |
|----------------|---------------------------------------------------------|---------------------------------------------------|----------------|---------|
| Identification | 22. Establishment Name Change? <input type="checkbox"/> | 23. Site Address Change? <input type="checkbox"/> | 24. Account ID | 25. UBI |
|----------------|---------------------------------------------------------|---------------------------------------------------|----------------|---------|

| | | | | |
|---------------------|------------------|-------------------|----------------|------------------------------------------------------------------------|
| Receipt Information | 27. Received by: | 28. Date Received | 29. Time AM PM | 30. Supervisor(s) assigned a. b. |
|---------------------|------------------|-------------------|----------------|------------------------------------------------------------------------|

| | | | | |
|----------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Industry & Ownership | 32. Primary SIC/NAICS | 33. Ownership (Mark "X" in one box) a. <input type="checkbox"/> Private Sector b. <input type="checkbox"/> Local Government c. <input type="checkbox"/> State Government d. <input type="checkbox"/> Federal Agency Code | | |
|----------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|

| | | | | |
|------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Evaluation | 34. Evaluated by: (CSHO ID) | 35. Subject and Severity Discrimination <input type="checkbox"/> Imminent Danger Serious General Safety <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Health <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| | 36. Is this a valid complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | 37. Is this a valid referral? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Action Taken | 38 |
| | <input type="checkbox"/> Transferred to another jurisdiction: <input type="checkbox"/> Other L&I Division/Department _____ Date _____ <input type="checkbox"/> State/Local Government _____ Date _____ <input type="checkbox"/> Federal OSHA _____ Date _____ <input type="checkbox"/> Other Federal Agency _____ Date _____ <input type="checkbox"/> Other _____ Date _____ <input type="checkbox"/> Phone and Fax ➤ Person Letter Sent To: _____ Date Sent: _____ Date Response Due _____ <input type="checkbox"/> Inspection Planned ➤ Assigned to CSHO: 1 _____ 2 _____ 3 _____ Number of days to inspect: _____ <input type="checkbox"/> No Action Taken ➤ Reason no action was taken: _____ _____ |

Comments

ALLEGED SAFETY OR HEALTH HAZARDS INSTRUCTIONS

Every Washington worker has the right to safety and health on the job. That's the law.

We provide the accompanying complaint form for you to report work place conditions which you believe jeopardize workers' safety and health. Please complete the form as follows:

Compliant/Referral Number: Leave Blank

1. Date Enter the date the complaint was filled out
2. Employer Name. Enter the legal name of the employer or establishment.
3. Site Location. Enter street (or highway) address, city, state, and ZIP code of the work site where the alleged hazard exists.
4. Mailing address (if different). Enter the mailing address for the establishment if it is different from the site address.
5. Management/Supervisory Official. Enter the name of the owner, operator, or agent in charge at the work site.
6. Telephone Number. Enter a telephone number at the establishment. This may be the number of the management official identified in Box 5 or another number for the establishment.
7. Type of Business. Describe the type of industrial activity performed at the workplace. For example, a complaint alleging an unsafe warehouse condition in an agricultural chemical plant would show "agricultural chemical plant" in this space, not "warehouse."
8. Hazard Description. Describe the alleged hazard in detail. Include as much information as can be obtained or is applicable. When more space is needed, continue on another sheet of paper. Attach all continuation sheets to the complaint form. Include who is affected, what is the hazard, where and when does the hazard exist, what is causing the hazard, and what has the employer done to eliminate the hazard.
9. Hazard Location. This is the specific building or work site where the alleged hazard exists.
10. Has this condition been brought to the attention of: Indicate whether the alleged hazard has been brought to the attention of either the employer or another government agency. Specify which agency, if applicable.
11. Please indicate your desire (reveal name). Identify if you are a current employee or employee representative and mark "X" in the box indicating whether you wish your name to be released to the employer.
12. The undersigned (source of complaint). Mark "X" in the box that indicates your relationship with the employer. If "Other" is marked, please specify.

NOTE: If you wish to receive results of our inspection/investigation, complete Boxes 13 through 15.

13. Name. Enter your full name.
14. Telephone Number. Enter your telephone number.
15. Address. Enter your street address, city, state abbreviation, and ZIP code.
16. Signature. Please sign.
17. Date. Enter the date.
18. Authorized representative. This space is provided for the organization name and title of complainants who are authorized representatives of employees affected by the complaint.

The rest of the form will be used to evaluate your complaint. Please do not write below the "Official Use Only" line.

You may submit your completed form to your local Labor and Industries office or to the regional office listed on the complaint form. Thank you for your concern.