



FOR EMPLOYEES OR EMPLOYEE REPRESENTATIVES:

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

Complaints by employees or their representatives.

(1) Any employee or representative of employee(s) who in good faith, believes that a violation of any safety or health standard or an imminent danger exists in any workplace where the 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 Department of Labor and Industries, Division of Occupational Safety and Health. Any such notice will be in writing with reasonable explanation of the grounds for the notice, and shall be signed by the employee or representative of employee(s). A copy shall be provided to the employer or their agent by an officer of the Division no later than at the time of inspection, if any. If confidentiality has been requested, identifying information will 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.

Please refer to [RCW 49.17.110](#)

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 L&I office.

Region 1

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

Region 4

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

Region 5

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

Region 2

12806 Gateway DR S
Tukwila WA 98168
206-835-1000

Located at:

7273 Linderson Way SW
Tumwater, WA 98501-5414

Region 6

901 N Monroe Suite 100
Spokane WA 99201-2149
509-324-2544

Region 3

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

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:

Complaint/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 of the work site.
6. **Business 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 the employer has done to eliminate the hazard.
9. **Hazard Location:** This is the specific building or work site where the alleged hazard exists.
10. **Who else have you informed about this unsafe condition/practice:** Mark "X" in the appropriate box of who you have informed about the condition/practice. Specify which agency if applicable. Please include the name and job title of the person(s) informed of the unsafe condition/practice.
11. **Are you a current Employee or Employee Representative of this employer:** Mark "X" in the appropriate box to identify if you are a current employee or employee representative **and** mark "X" in the box indicating whether or not you wish your name to be revealed 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. **Phone 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 if you are an authorized representative. Please list your organization name and title

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.



Complaint or Referral Number:

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. Type of Business:

8. Hazard Description. Describe the hazards(s) 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 were 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.

10. Who else have you informed about this unsafe condition/practice? (mark all that apply)					
<input type="checkbox"/> Employer		<input type="checkbox"/> Other Government Agency (specify) _____		<input type="checkbox"/> Other Individual	
Please list name, job title and date he/she was notified:					
11. Are you a current employee or employee representative of this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you are a current employee or employee representative, please indicate your desire:					
<input type="checkbox"/> Do not reveal my name to the Employer			<input type="checkbox"/> My name may be revealed to the Employer		
CONFIDENTIALITY NOTE: DOSH will only maintain confidentiality regarding the source of a complaint for an employee or employee representative that files a DOSH workplace safety and health complaint. The employee or employee representative must specifically request confidentiality. If the confidentiality section of the 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.					
12. The Undersigned believes that a violation of an Occupational Safety or Health standards exists which is a job safety or health hazard of the establishment named on the form. (Check one below)					
<input type="checkbox"/> Employee		<input type="checkbox"/> Representative of Employees		<input type="checkbox"/> Other (specify) _____	
13. Name (type or print)				14. Phone number	
15. Address - Street:		City:		State:	ZIP + 4
16. Signature				17. Date	
18. If you are an authorized representative of employees affected by the 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? If yes, enter type. <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Number	
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 (Choose one only) <input type="checkbox"/> Private Sector <input type="checkbox"/> Local Government <input type="checkbox"/> State Government <input type="checkbox"/> Federal Agency Code			
Evaluation	34. Evaluated by: (CSHO ID)		35. Subject and Severity		
	36. Is this a valid complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No		Imminent Danger	Discrimination <input type="checkbox"/>	Serious
	37. Is this a valid referral? <input type="checkbox"/> Yes <input type="checkbox"/> No		Safety <input type="checkbox"/>	Health <input type="checkbox"/>	General <input type="checkbox"/>
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	_____				
<input type="checkbox"/> Person Letter Sent To	_____	Date Sent	_____	Response due	_____
<input type="checkbox"/> Inspection Planned	_____	Assigned to CSHO	Number of days to inspect	_____	_____
<input type="checkbox"/> No Action Taken	Reason _____				
Comments					