



Notice of Alleged Safety or Health Hazards – Web Complaint

For the General Public:

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 lodged with Cal/OSHA.

Section 6309 of the California Labor Code provides that a complaint from an employee or an employee's representative (including, but not limited to, an attorney, health or safety professional, union representative; or a representative of a government agency), or an employer or an employee directly involved in an unsafe place of employment, must be investigated within three days after receipt of a complaint charging a serious violation, and not later than 14 days after receipt of a complaint charging a nonserious violation. Cal/OSHA will attempt to determine the period of time in the future that the complainant believes the unsafe condition may continue to exist and will allocate inspection resources so as to respond to those situations in which time is of the essence.

NOTE: Section 6310 of the California Labor Code provides explicit protection for employees exercising their rights, including making safety and health complaints.

INSTRUCTIONS:

Open the form and complete the front page 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 Web Complaint Form, mail or fax the form to the [Cal/OSHA Enforcement Unit District Office](#) nearest to where the hazard(s) exists.



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		Complaint Number		
Establishment Name				
Site Address			Site Phone	
			Site FAX	
Mailing Address			Mail Phone	
			Mail FAX	
Management Official			City	
Type of Business				

HAZARD DESCRIPTION/LOCATION. Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.

Has this condition been brought to attention of:	<input type="checkbox"/> Employer <input type="checkbox"/> Other Government Agency (specify): _____
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Please Indicate Your Desire:	<input type="checkbox"/> Do NOT reveal my name to my Employer <input type="checkbox"/> My name may be revealed to the Employer
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The Undersigned believes that a violation of an Occupational Safety or Health standard exists which is a job safety or health hazard at the establishment named on this form.	(Check ONE box)
	<input type="checkbox"/> Employee <input type="checkbox"/> California Safety & Health Committee <input type="checkbox"/> Representative of Employees <input type="checkbox"/> Other (specify): _____

Complainant Name			Telephone	
Address (Street, City, State, ZIP)				
Signature			Date	

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 Name:	Your title:
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