



*Division of Occupational Safety and Health
Occupational Health Clinics*

CONN-OSHA COMPLAINTS

The Connecticut Occupational Safety and Health Act provides a procedure under which an employee or employee representative may register a complaint if it is believed that a violation of a Connecticut Occupational Safety or Health Standard exists. Please provide as much information as possible. **The complaint must be signed by the employee or representative of employees (Item #16).**

INSTRUCTIONS

- 1. Complete items 2 through 18 as neatly, accurately and completely as possible.**
- 2. Describe each hazard you think exists in as much detail as you can.**
- 3. If the hazards described in your complaint are not all in the same area, please identify where each hazard can be found at the work site.**
- 4. 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.**
- 5. Additional information may be attached to the enclosed form.**

After you have completed the form, return it to:

**State of Connecticut, Department of Labor
Division of Occupational Safety and Health
CONN-OSHA
38 Wolcott Hill Road
Wethersfield, CT 06109**

cfj

Enclosure

Notice of Alleged Safety or Health Hazards

1. Complaint Number →

2. Employer Name

3. Site Location (*Street, City, State, Zip*)

4. Mailing address (*if different*) (*Street, City, State, Zip*)

5. Management Official

6. Phone Number

7. Type of Business

8. **HAZARD DESCRIPTION.** Describe briefly 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 or worksite where the alleged violation exists.

10. Has this condition been brought to the attention of (*Mark an X in all that apply*)

- Employer
 Other Government Agency (specify)

11. Mark an X in the appropriate box

- Do **NOT** reveal my name to the Employer
 My name may be revealed to the Employer

12. The Undersigned (mark an X in one box) ...believes that a violation of Occupational Safety or Health standards exists which is a job safety or health hazard at the establishment named on this form.

- Employee
 Representative of Employees
 Federal Safety and Health Committee
 Other (*specify*)

13. Complainant Name (*Type or Print name*)

14. Phone Number

15. Address (*Street, City, State, Zip*)

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 Name

Your Title