State of New Jersey PUBLIC EMPLOYEES OCCUPATIONAL SAFETY AND HEALTH

COMPLAINT

STATE USE ONLY				
Complaint No.	Date Rec'd			
NAICS Code	Investigator Code			
Completed By Complainant	☐ Department			

1.	Name of the Employer			 Telephone Number () 		
3.	3. Employer-Street Address (Mailing)					
4.	Employer-City, State, Zip Code			5. County		
6.	Type (Check One) ☐ State Agency ☐ County ☐ ☐ Other (specify):	☐ Municipality ☐	School Board	Utility Authority		
7.	Hazard Location/Name of Building (Spec alleged violation exists. Use separate fo		ocation where	8. Floor and Room Number		
9.	Site-Street Address					
10.	Site-City State, Zip Code			11. County		
12.	Name of Person(s) in Charge			13. Telephone Number ()		
	Approximate Number of a.	Are there employees w	who helieve they have	b. Number of employees		
	Employees in Area	health problems related to the complaint? experiencing symptoms:				
16.	16. Type of work done in the area (i.e., clerical, maintenance, firefighter)					
17.	17. Materials handled (chemicals, cleaning compounds, etc.)					
18	a. To your knowledge, has there been a p related to the complaint? Yes No					
C.	Date Inspected	d. Outcome of Inspection				

PUBLIC EMPLOYEES OCCUPATIONAL SAFETY AND HEALTH

COMPLAINT

(Continued)

STATE USE ONLY						
Complaint No.						

19. To your knowledge, has this complaint been the otherwise called it to the attention of, or discuss ☐ Yes ☐ No						
If Yes, give the results thereof, including any e	forts by management to correct t	the violation:				
20. Name of Union	21. L	ocal Number				
22. Name of Employee Representative		23. Telephone Number ()				
24. Title	-					
THE INFORMATION BEL	OW WILL REMAIN CONFIDI	ENTIAL UPON REQUEST!				
25. Please indicate your desire:						
MAY YOUR NAME BE REVEALED TO THE E	MPLOYER? YES	□ NO*				
*If you choose "No," then please make sure that we have your home address (below) and an alternate phone number where you can be reached. IF YES, DO YOU WANT TO BE PRESENT WHEN THE INSPECTION IS CONDUCTED?						
26. The complainant, whose signature appears be Employee Representative of Employees Employer Other (Specify):	ow (check one):					
	28. Signature	29. Date				
30. Complainant Home-Street Address						
31. Complainant Home-City, State, Zip	32. County					
33. Telephone Number ()	34. Best Time to Contact					
IF YOU ARE AN AUTHORIZED REPRESENTATIVE OF EMPLOYEES AFFECTED BY THIS COMPLAINT, COMPLETE THE FOLLOWING:						
35. Name of Organization						
36. Your Organization Title						