



**PUBLIC EMPLOYEES  
OCCUPATIONAL SAFETY AND HEALTH  
COMPLAINT  
(Continued)**

<b>STATE USE ONLY</b>
Complaint No.

19. To your knowledge, has this complaint been the subject of any union/management grievance or have you (or anyone you know) otherwise called it to the attention of, or discussed it with, the employer or any representative thereof? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give the results thereof, including any efforts by management to correct the violation:	
20. Name of Union	21. Local Number
22. Name of Employee Representative	23. Telephone Number (      )
24. Title	

**THE INFORMATION BELOW WILL REMAIN CONFIDENTIAL UPON REQUEST!**

25. Please indicate your desire: MAY YOUR NAME BE REVEALED TO THE EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DO YOU WANT TO BE PRESENT WHEN THE INSPECTION IS CONDUCTED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
26. The complainant, whose signature appears below ( <i>check one</i> ): <input type="checkbox"/> Employee <input type="checkbox"/> Representative of Employees <input type="checkbox"/> Employer <input type="checkbox"/> Other ( <i>Specify</i> ):		
27. Name of Complainant ( <i>Print or Type</i> )	28. Signature	29. Date
30. Street Address		
31. 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