



HOW TO FILE AN OSHA COMPLAINT

You can file an OSHA complaint by:

- Filling out a form online at <https://www.osha.gov/pls/osha7/eComplaintForm.html>;
- Calling OSHA at 800-321-6742 (OSHA). Make sure to mention you are a federal employee. You can remain anonymous even if you call in your complaint.

Although you can also print and complete the OSHA complaint form, and fax, email, or mail it to OSHA, this is not a good option during the COVID-19 pandemic, when staff are teleworking.

A list of offices can be found here: <https://www.osha.gov/contactus/bystate>.

INSTRUCTIONS

Sections 1-5: Fill in the information for your facility.

Sections 6-9: Fill in the information for the management official in charge, if you know it.

Section 10: Hazard Description: Explain what the hazard is and how many employees are affected. Provide as much detail as you can. Explain if there are issues on one specific shift or location. Here is a sample for a complaint about personal protective equipment (PPE) in general:

Under the Occupational Safety and Health Act of 1970, Section 5(a)(1) and 29 CFR 1960.8, federal employing agencies are required to furnish employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to employees. In the current COVID-19 crisis, the agency has failed to provide safe and healthful workplaces for its employees. The agency

is violating 29 CFR 1960.8 in that the employer has not provided appropriate PPE and other recommended protections to lessen the spread of Coronavirus such as hand sanitizer. Many of the employees have been advised to bring their own hand sanitizer to the work site. Nurses, doctors and other employees are being told by the administration that the agency is short on the PPE that is needed to treat veterans with the COVID-19.

(Fill in the number) employees are affected by the agency's failure to provide PPE.

If you have other issues, you can list them here. You don't have to cite any specific regulation if you don't know it. OSHA will identify the standard violations.

Other issues may include:

- The employer is requiring employees to continue working even if they have been exposed.
- The employer is not cleaning and disinfecting areas where suspected or confirmed COVID-19 patients have been treated.

Section 11: Hazard Location: List any locations where the hazard is present. For example, Building 1-A, Pharmacy, or 3rd Floor Lab.

Section 12: Check that the employer has been notified of the hazard. This lets OSHA know you've tried to address this with the agency.

Section 13: If you are a local union officer, we recommend you file as a Representative of Employees and list yourself as the contact. It offers you some protection against retaliation. Individual employees who file should select Current Employee.

Section 14: You can request that your name not be revealed to the employer; you can choose to remain anonymous. You should still fill in your contact information in **Sections 15-18** so OSHA will be able to follow-up with you.

Section 18: List your *personal* email address.

U. S. Department of Labor
Occupational Safety and Health Administration
Notice of Alleged Safety or Health Hazards

		Complaint Number		
Establishment Name				
Site Address				
	Site Phone		Site FAX	
Mailing Address				
	Mail Phone		Mail FAX	
Management Official			Telephone	
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 the attention of:	<input type="checkbox"/> Employer <input type="checkbox"/> Other Government Agency(specify)			
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			
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.	(Mark "X" in ONE box) <input type="checkbox"/> Former Employee <input type="checkbox"/> Current Employee <input type="checkbox"/> Federal Safety and 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:				