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Public Employee Occupational Safety & Health

Complaint Form

Notice of Alleged Safety & Health Hazards

www.labor.ok.gov

Melissa McLawhorn Houston, Commissioner

OKLAHOMA DEPARTMENT OF LABOR
3017 N Stiles, Suite 100
Oklahoma City, OK 73105
405-521-6100
FAX 405-521-6020
Diana Jones, Director

Establishment Name

Site Address | City | Zip Code

Type of Facility | County

Management Contact Name | Title | Phone | Fax

Additional Management Contact Name | Address | City | Zip Code

Hazard Description & Location

Please briefly describe the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building, location, or worksite where the alleged violation exists.

Are you an: Employee ☐ Employee Representative ☐ Other, please specify ☐ _____

Has this condition been brought to the attention of: Employer? ☐ Other Government Agency? (specify) ☐ _____

A copy of this form may be provided to the employer upon request per 51 O.S.24A.1 et.seq.

Pursuant to 51 O.S. § 24A.14, the Department of Labor may, in its discretion, keep confidential the identity of anyone making a complaint.

The undersigned believes that a violation of an occupation safety or health standard exists which is a job safety or health hazard at the establishment indicated on this form (above).

Name of Complainant | Date

Occupation

Address | City | Zip Code

Signature of Complainant* | Phone | Fax

If you are an authorized representative of the employees affected by this complaint, please state the name of the organization that you represent and your title.

Name of Organization | Authorized Representative's Title

*Digital signature is acceptable