Notice of Alleged Safety or Health Hazards

Kentucky Labor Cabinet
Department of Workplace Standards
Division of Occupational Safety and Health Compliance

For the general public:

This form is provided for the assistance of any complainant and is not intended to constitute the exclusive means by which a complaint may be registered with the Kentucky Labor Cabinet.

KRS Chapter 338.121 (relating to occupational safety and health) provides:

"Any employee, or representative of employees, who believes that a violation of an occupational safety and health standard exists that threatens physical harm, or that an imminent danger exists, may request an inspection by giving notice to the commissioner of such violation or danger. Any such notice shall be reduced to writing, shall set forth with reasonable particularity the grounds for the notice, and shall be signed by the employees or representative of employees, and a copy shall be provided the employer or his agent no later than at the time of inspection, except that, upon the request of the person giving such notice, his name and the names of individual employees referred to therein shall not appear in such copy."

INSTRUCTIONS:

You can print and complete this form by hand or download it to your computer, fill it out, print it, sign it, and mail it in. Describe each hazard as accurately and completely as possible. If the hazards described in your complaint are not all in the same area, please identify where each hazard can be found at the worksite. Include particular information that supports your belief that a hazard exists such as a recent accident or physical symptoms of employees at your site. Continue on another page if you need more space than is provided on this form.

After you have completed the form, return it to:

Kentucky Labor Cabinet
Department of Workplace Standards
Division of OSH Compliance
1047 US HWY 127 South, Suite 4
Frankfort, KY 40601.

Or you may fax the form to (502) 564-5723.

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1. Date:	**Complaint Number:**
2. Employer Name:	
3. Site Location: (Street, City, State, Zip Code)	
4. Mailing Address: (Street, City, State, Zip Code)	
5. Management Official:	**6. Telephone 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. Use additional paper if necessary.	

9. Hazard Location: Specify the building or worksite**.** Use additional paper if necessary.

10. Has the condition been brought to the attention of: (mark "X" in all that apply)

[☐] Employer

[☐] Other Government Agency (specify)

11. **Please indicate your desire:** (mark "X")

[☐] Do not reveal my name

[☐] My name may be revealed to employer

12. **The undersigned:** (mark "X")

[☐] Employee [☐] Employer

[☐] Federal Safety & Health Committee

[☐] Former Employee [☐] Representative of Employees

[☐] Other (Specify)

…believes that a violation of Occupational Safety or Health standard exists which is a job safety or health hazard at the establishment named on this form.

13. Complainant Name:	**14. Telephone Number:**

15. Address: (Street, City, State, Zip Code)

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:

THE SECTION BELOW IS FOR *OFFICE USE* ONLY

19. Reporting ID:

20. Previous Activity

If yes, type

21. City Code

Number:

22. County Code

23. Received by:

24. Date

25. Supervisor Assigned

A.

B.

26. Primary SIC

27. Ownership (mark "X") [ ] Private Sector [ ] Local Government [ ] State Government [ ] Federal Agency

28.Evaluated by:

29. Subject and Severity

Safety [ ] Imminent Danger [ ] Serious [ ] Other:

Health [ ] Imminent Danger [ ] Serious [ ] Other:

30. Discrimination

31. Is complaint valid?

32. Formality Formal [ ] Informal [ ]

32. Migrant Farm Worker Camp

33. Inspection planned?

Priority

If NO, reason

34. Transfer information

35. Date transferred

36. Send Letter

[ ] d. Non-formal Complaint Notification to Employer, Complainant Notified. Explanation of Employee's Rights
[ ] e. Complaint Notification with letter. Name not revealed. Explanation of Employee Rights

37. Date Letter Sent

38. Response due for letter

39. Response due for letter e.