

## RADIATION SAFETY COMPLAINT (Violation of Regulations or License or Unsafe Conditions)

This form may be used by an employee, his representative, or an employer of a directly involved employee, to notify the Department of violation of radiation control regulations or license conditions or unsafe conditions with respect to any source of radiation. Mail completed and signed form to: California Department of Public Health, Radiologic Health Branch, MS 7610, Compliance Unit, P.O. Box 997414, Sacramento, CA 95899-7414. For more information, go to [www.dhs.ca.gov/rhb](http://www.dhs.ca.gov/rhb) or phone (916) 327-5106.

|  |                     |                                       |   |
|--|---------------------|---------------------------------------|---|
| <b>Complainant</b>   |                     | <b>For Office Use Only</b>            |   |
| Name (type or print)   |                     | Office                                | by  |
| Position   |                     | <input type="checkbox"/> Telephone    | <input type="checkbox"/> Written <input type="checkbox"/> In-person |
| Address (number, street)   |                     | Assignment                            |   |
| City   | ZIP code            | Investigation file number (mo/day/yr) | Date received   |
| Telephone (home)<br>(     )  | (Office)<br>(     ) | Agency                                | Inspector   |
| <i>(Review will be responsibility of above named agency/inspector)</i> |                     |                                       |   |

**Complainant (check one)**

Employee     Employee's representative: \_\_\_\_\_  Other: \_\_\_\_\_

believes that a radiation safety violation or unsafe condition at the following place of employment exists:

|                          |      |                      |          |
|--------------------------|------|----------------------|----------|
| Employer's name          |      | Telephone<br>(     ) |          |
| Address (number, street) | City | State                | ZIP code |

1. Type of business

2. Specify the particular building or work site where the violation or unsafe condition is located.

|  |                             |
|--|-----------------------------|
| 3. Name of employer's agent(s) in charge | Telephone number<br>(     ) |
| _____                                    | Telephone number<br>(     ) |

4. The violation or unsafe condition: Describe briefly the radiation safety violation or unsafe condition which exists, including the approximate number of persons exposed to or threatened by such violation or unsafe condition.

Does the violation or unsafe condition pose an imminent threat to health and safety?  Yes     No

5. If known, name and/or list the radiation control regulation sections and/or license conditions which have been violated:

6. To your knowledge have these violations or unsafe conditions been considered by any government agency?  Yes  No

If yes, state name of agency

Approximate date it was considered

7. Is a complaint, alleging the same violations or unsafe conditions, being filed with any other government agency?  Yes  No

If yes, specify each agency name

Agency address (number, street)

City

State

ZIP code

8. Have you (or anyone you know) called these violations or unsafe conditions to the attention or discussed it with, the employer or any representative thereof?  Yes  No

To your knowledge, have these violations or unsafe conditions been the subject of any union/management grievance?  Yes  No

If yes, give the results thereof, including any efforts by management to correct the violations or unsafe conditions.

9. Confidentiality:

a. I permit the Department to disclose my name.  Yes  No

b. I permit the Department to disclose the information herein.  Yes  No

10. I hereby certify that the above, to the best of my knowledge, is true and correct.

Signature of complainant

Date

City

**For Office Use Only**

Date serviced

Inspector

Date

Time

Requirements written:  Yes  No

Complaint acknowledged:  Letter  Telephone

Summary:

Supervisor signature

Date