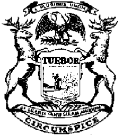

Michigan Department of Licensing and Regulatory Affairs
Michigan Occupational Safety & Health Administration

MIOSHA DISCRIMINATION COMPLAINT FORM

Full Name:*	Date of Hire:*	Job Title and Department:*	Case No. (office use only)
Address:*	City:*	State:*	Zip Code:*
Telephone No.*	Present Status:* ☐ Still Employed ☐ Laid Off ☐ Discharged ☐ Suspended _ days		
Employer :*	Address:*	City*	State:*	Zip Code:*
County:	Telephone No.:*	Supervisor or Contact Person:	
Union:* ☐ Yes ☐ No	Union & Local No.	Union Address:	
Have you filed a grievance? ☐ Yes ☐ No	If so, date your grievance was filed:	Status of your grievance:	No. of Employees:	Average Hours Worked*	Rate of Pay*
Did you file a complaint of safety or health?* ☐ Yes ☐ No	Date you filed complaint:	Who did you file the complaint with?	If you filed a complaint with MIOSHA was it? ☐ General Industry ☐ Construction	Was your name revealed to employer? ☐ Yes ☐ No
Date and time discrimination occurred:*	Why do you think you were discriminated against?*		
Did you verbally complain of alleged unsafe/unhealthy conditions to employer: ☐Yes ☐No	To whom, when and what were the results of your complaint:		
Summary of Events:* (add additional sheets if necessary)			
Date:	FOR OFFICE USE ONLY	TYPE OF BUSINESS	
SIC CODE	NAICS CODE	Person who took complaint:	Investigator assigned to:

*Information Required to Complete Form

Return completed form to:

EMPLOYEE DISCRIMINATION SECTION
CADILLAC PLACE • 3026 W. GRAND BLVD. • SUITE 9-450 • DETROIT, MICHIGAN 48202
www.michigan.gov/miosha • (313) 456-3109 • (313) 456-4226 FAX

MIOSHA-GI-516 (04/2011)

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