



**New York State Department of Labor
Public Employee Safety and Health Bureau**

Notice of Alleged Safety or Health Hazards

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 New York State Department of Labor.

Section 27a(5)(a) of the Public Employee Safety and Health Act of 1980 provides as follows: "Any employee or representative of employees who believes that a violation of a safety or health standard exists, or that an imminent danger exists, may request an inspection by giving notice to the commissioner (of Labor) of such violation or danger. Such notice and request shall be in writing, shall set forth with reasonable particularity the grounds for the notice, shall be signed by such employee or representative of employees, and a copy shall be provided by the commissioner to the employer or the person in charge no later than the time of inspection, except that on request of the person giving such notice, his name and the names of individual employees or representatives of employees shall be withheld. Such inspections shall be made forthwith." If the Commissioner of Labor determines there are no reasonable grounds to believe that a violation or danger exists, the Commissioner shall notify the employees or representative of the employees in writing of such determination.

Note: Section 27a (10) (a) of the Act provides explicit protection for employees exercising their rights, including making safety and health complaints.

Instructions:

Complete as accurately and completely as possible. Describe each hazard you think exists in as much detail as you can. 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. If there is any particular evidence that supports your suspicion that a hazard exists (for instance, a recent accident or physical symptoms of employees at your site) include the information in your description. If you need more space than is provided on the form, continue on any other sheet of paper.

After you have completed the form, return it to nearest DOSH district office listed below:

Division of Safety and Health District Offices

Public Employee Safety and Health Bureau

ALBANY 12240 State Office Campus Bldg. #12 Rm. 158 Tel: (518) 457-5508 FAX: (518) 485-1150	BINGHAMTON 13901 44 Hawley Street – Rm. 901 Tel: (607) 721-8211 FAX: (607) 721-8207	BUFFALO 14202 65 Court St – Rm. 400 Tel: (716) 847-7133 FAX: (716) 847-7108
GARDEN CITY 11530-6551 400 Oak Street - Suite 101 Tel: (516) 228-3970 FAX: (516) 794-7714	NEW YORK CITY 75 Varick Street (7thFl.) New York, NY 10013 Tel: (212) 775-3548 FAX: (212) 775-3542	ROCHESTER 14607 109 S. Union St. – Rm. 402 Tel: (585) 258-4570 FAX: (585) 258-4593
SYRACUSE 13202 450 S. Salina St. – Rm. 401 Tel: (315) 479-3212 FAX: (315) 479-3451	UTICA 13501 207 Genessee St. – Rm. 703A Tel: (315) 793-2258 FAX: (315) 793-2303	WHITE PLAINS 10605 120 Bloomingdale Rd. - Rm. 255 Tel: (914) 997-9514 FAX: (914) 997-9528

		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 the hazard(s) which you believe exist (be specific). Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists. Use additional sheets if necessary.

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 √ in ONE box)	
	<input type="checkbox"/> Employee	<input type="checkbox"/> Safety and Health Committee
	<input type="checkbox"/> Representative of Employees	<input type="checkbox"/> Other (specify) _____
Complainant Name		
Telephone Number		
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:	