

WORKSAFE! COMPLAINT FORM

(may also be used to report ACCIDENTS)

See reverse side of this form for name of person or organization filing this document.

COMPLAINT (of unsafe or unhealthful condition) or **REPORT OF ACCIDENT**

Use extra sheets to record all separate problems. Include as much of the information below as possible.

1. Date/Time of Condition/Accident _____ Specific Location of Condition/Accident _____
Work being done at Condition/Accident _____ Number of Workers at Condition/Accident _____
Worker Rep Contact at Site _____ Employer Agent Contact at Site _____
Company Name _____ Phone _____
Street _____ Number of Workers Overall _____
Address _____ Type of Business _____
City/State/Zip _____
Operations and Shifts _____

Describe unsafe or unhealthful Condition or Accident. If necessary, explain why this is unsafe/unhealthful. Note, if possible, information regarding engineering controls, work practices, protective equipment and related training, knowledge of the hazard to which workers are exposed.

How long has condition existed? _____ Do you feel it will continue to exist? _____ How long? _____

If this condition exists only at certain times of the day or week or month, please state. _____

If possible, identify physical and chemical agents involved.

Describe exposure information such as duration (continuous or intermittent), symptoms, how many and who exposed and means to contact, etc.

To assure proper evaluation of medical information when there is an accident or an illness or injury involved, please note:

<u>NAME OF INJURED OR EXPOSED AND SOME MEANS TO CONTACT (phone)</u>	<u>WHERE TREATED</u>	<u>NATURE/EXTENT OF INJURY</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Yes No Shall we keep your name confidential? Labor Code 6309 states your name is kept confidential unless you request otherwise.

2. Name of Complainant or

Reporting Person _____ DOB _____ SSN _____

Address _____ ~~Work~~ Phone _____ ~~Home~~ Phone _____

City/State/Zip _____ Title or Position _____

Complainant or Reporting Person is Worker Worker Rep other _____

What type of work does complaint/injured person do? _____

Name and means to contact any other person who knows about this condition _____

Comments _____

3. Does or did the Employer have knowledge of the unsafe or unhealthful Condition? Use an extra sheet to record all separate items. Include as much of the information below as possible.

a. Have there been complaints regarding this? Yes No.

1) When? _____ To Whom? _____ By whom? _____

Describe the circumstances and results:

2) When? _____ To Whom? _____ By whom? _____

Describe the circumstances and results:

b. What actions or statements have been made by employer or its agents that may indicate employer knew about the problem.

1) When? _____ By Whom? _____ Who else present? _____

Describe the circumstances and results:

2) When? _____ To Whom? _____ Who else present? _____

Describe the circumstances and results:

c. Employer's Previous Contacts with CAL/OSHA (if known) _____

4. Do you know of any other government/private agencies involved regarding this? Which ones? _____

5. I have read the information contained in paragraphs 1 through 4 above. I declare that the information contained, to the best of my knowledge, is true and correct.

Date _____ County _____

(Signature of Reporting Person or Complainant)