

## NOTICE OF ALLEGED WORKPLACE SAFETY AND/OR HEALTH VIOLATIONS

**INSTRUCTIONS:**

Complete items 1 through 17 as accurately and completely as possible if it does not apply mark as Not Applicable (NA). 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.

**After you have completed the form, return it to:**  
 LABOR COMMISSION  
 UTAH OCCUPATIONAL SAFETY & HEALTH DIVISION (UOSH)  
 160 EAST 300 SOUTH 3<sup>rd</sup> Floor  
 P O BOX 146650  
 SALT LAKE CITY UT 84114-6650  
 Telephone: (801)-530-6901  
 FAX Number: (801)-530-7606

**NOTE:**

The filing of a Complaint does not automatically instigate an inspection of the company; an investigation of the allegations will be made.

<b>(1) Employer Name:</b>	
<b>(2a) Mailing Address:</b>	<b>(2b) City, State, Zip:</b>
<b>(2c) Mailing Phone #:</b>	<b>(2d) Mailing Fax #:</b>
<b>(3a) Site Address:</b>	<b>(3b) City, State, Zip:</b>
<b>(3c) Site Phone #:</b>	<b>(3d) Site Fax #:</b>
<b>(4) Management Official:</b>	<b>(5) Type of Business:</b>
<b>(6) Hazard Description (Describe briefly the hazard(s) which you believe exists. Include the approximate number of employees exposed to or threatened by each hazard. Use another page if needed.):</b>	
<b>(7) Hazard Location (Specify particular building or worksite where the alleged violation exists):</b>	
<b>(8) Has this condition been brought to the attention of (Mark "X" in all that apply):</b> <input type="checkbox"/> Employer <input type="checkbox"/> Other Government Agency (Specify) _____	
<b>(9) Please indicate:</b> <input type="checkbox"/> Do not reveal my name to the Employer. <input type="checkbox"/> My name may be revealed to Employer.	
<b>(10) The Undersigned; Believes that a violation of an Occupational Safety/Health standard exists which is a job safety/health hazard at the establishment named on this form. (My Status: Mark "X" in only one box):</b> <input type="checkbox"/> Employee <input type="checkbox"/> Ex-Employee (Reason for leaving, when) _____ <input type="checkbox"/> Federal Safety/Health Committee <input type="checkbox"/> Employer <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Representative Employees	
<b>(11) Complainant Name (Type or print name):</b>	
<b>(12) Address (Street, City, State, Zip):</b>	
<b>(13) Telephone Number:</b>	<b>(14) Email:</b>
<b>(15) 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.</b>	
<b>Organization:</b>	<b>Representative:</b>
<b>(16) Signature:</b>	<b>(17) Date:</b>

## **NOTICE OF ALLEGED WORKPLACE SAFETY AND/OR HEALTH VIOLATIONS**

**This form is provided for the assistance of any Complaint and is not intended to constitute the exclusive means by which a complaint may be registered with the Utah Occupational Safety and Health Division (UOSH).**

**34A-6-301(6)(a)(i)** Any employee or representative of employees who believes that a violation of an adopted safety or health standard exists that threatens physical harm, or that an imminent danger exists, may request an inspection by giving notice to the division's authorized representative of the violation or danger. The notice shall be in writing, setting forth with reasonable particularity the grounds for notice, and signed by the employee or representative of employees. A copy of the notice shall be provided the employer or the employer's agent no later than at the time of the inspection. Upon request of the person giving notice, the person's name and the names of individual employees referred to in the notice shall not appear in the copy or on any record published, released, or made available pursuant to Subsection (7).

**(ii)(A)** If upon receipt of the notice the division's authorized representative determines there are reasonable grounds to believe that a violation or danger exists, the authorized representative shall make a special inspection in accordance with this section as soon as practicable to determine if a violation or danger exists.

**(B)** If the division's authorized representative determines there are no reasonable grounds to believe that a violation or danger exists, the authorized representative shall notify the employee or representative of the employees in writing of that determination.

**34A-6-203(1)** A person may not discharge or in any manner discriminate against any employee because:

**(a)** the employee has filed any complaint or instituted or caused to be instituted any proceedings under or related to this chapter;

**(b)** the employee has testified or is about to testify in any proceeding; or

**(c)** the employee has exercised any right granted by this chapter on behalf of himself or others.

**(2) (a)** Any employee who believes that the employee has been discharged or otherwise discriminated against by any person in violation of this section may, within 30 days after the violation occurs, file a complaint with the division in the commission alleging discrimination.

**(b)(i)** Upon receipt of the complaint, the division shall cause an investigation to be made.

**(ii)** The division may employ investigators as necessary to carry out the purpose of this subsection.

**(c)** If the investigator reports a violation and the employer requests a hearing on the alleged violation, the commission shall hold an evidentiary hearing to determine if provisions of this subsection have been violated.

**(d)** If the commission determines that a violation has occurred, it may order the violation to be restrained and may order all appropriate relief, including reinstatement of the employee to his former position with back pay.(1987)

**34A-6-307(5)(c)** Any person who knowingly makes a false statement, representation, or certification in any application, record, report, plan, or other document filed or required to be maintained under this chapter is guilty of a class A misdemeanor.

### **When Can a Formal Complaint Be Filed?**

UOSH recommends that employees try to resolve safety and health issues first by reporting them to their supervisors, managers or the safety and health committee. At any time, however, employees can complain to their UOSH Office and ask for an inspection or an investigation.

### **Who Can Formally Complain?**

Employees or their representatives have a right to file a formal complaint (Notice) to request an inspection of a workplace if they believe there is a violation of a safety or health standard, or if there is any danger that threatens physical harm, or if an "imminent danger" exists. Anyone who knows about a workplace safety or health hazard may complain, and UOSH will investigate the concerns reported.

NOTE: A formal complaint is a written Notice signed by a current employee or their representative.

### **What Information Must the Employee Give?**

The employees or their representatives must provide enough information for UOSH to determine the nature of the safety or health hazards and whether they are potential violations of safety or health standards or other dangers that can cause injury or illness. This means describing the alleged hazard in enough detail so UOSH can determine the existence and seriousness of the hazard. Workers do not have to know whether a specific OSHA standard has been violated in order to file a formal complaint, as long as they have a good-faith belief that dangerous conditions exist in their workplace.

### **How does UOSH Respond to Formal Complaints?**

There are two ways that UOSH can respond to a complaint. UOSH can either perform an on-site inspection or an off-site investigation, also known as a "phone/fax investigation".

While every worker has a right to receive an onsite inspection if certain conditions are met, there are times when a phone/fax (or letter) investigation may be a better alternative. A phone/fax investigation enables UOSH to respond more quickly to lower priority hazards. It also permits the agency to concentrate its resources on more serious workplace hazards. Employees who choose to request a phone/fax investigation do not give up the right to request an on-site inspection of potential violations and hazards if they are not satisfied by the investigation. Before deciding what kind of complaint to file, workers should call the UOSH Office to discuss their options.

If an off-site investigation is appropriate, the agency telephones the employer, describes the alleged hazards and then follows up with a fax or letter. The employer must respond in writing within five days, identifying any problems found and noting corrective actions taken or planned. If the response is adequate, UOSH generally will not conduct an inspection. The employee or employee representative who filed the original formal complaint (Notice) will receive a copy of the employer's response and, if still not satisfied, may then request an on-site inspection.

If the employee or employee representative files a written formal complaint (Notice) that meets certain conditions then an on-site inspection may be conducted.

Those conditions include claims of serious physical harm that have already resulted in disabling injuries or illnesses or claims of imminent danger situations; written, signed complaints requesting inspections; and situations where the employer provided an inadequate response to a phone/fax investigation.