

**Virginia Department of Labor and Industry**  
Occupational Safety and Health Compliance

**Notice of Alleged Safety or Health Hazards**

			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 briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building where the alleged violation exists.				
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 "X" in ONE Box)		
		<input type="checkbox"/> Employee <input type="checkbox"/> Representative of Employees		<input type="checkbox"/> Other (Specify)
Complainant Name			Telephone	
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:	