



Notice of Alleged Safety or Health Hazards

For the Illinois Public Sector

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 Illinois Department of Labor- Illinois OSHA.

Section 70 of the Occupational Safety and Health Act [820 ILCS 219], provides as follows: An employee or representative of an employee who believes that a violation of an occupational safety and health standard exists in a workplace covered by this Act or that an imminent danger exists in such a place may request an inspection by submitting a written complaint to the Director or his or her authorized representative setting forth with reasonable particularity the grounds for the complaint. The complaint shall be signed by the employee or representative. If the Director or the Director's authorized representative determines there are no reasonable grounds to believe that a violation or imminent danger exists, he or she shall notify the employee or representative of the employees of that determination in writing. If, upon receipt of the complaint, the Director or his or her authorized representative determines there are reasonable ground to believe that a violation or imminent danger exists, he or she shall make a special inspection of the workplace in accordance with this Act, as soon as practicable, to determine whether a violation or imminent danger exists.. A copy of the complaint shall be provided to the public employer or its agent by the Director or his or her authorized representative at the time of the inspection, except that, upon the request of the person making the complaint, that person's name and the names of individual employees referred to in the complaint shall not appear in the copy or on any record published, released, or made available by the Director or his or her authorized representative. Nonformal safety and health complaint shall be handled by an authorized representative of the Director. Based on the severity and legitimacy of the complaint as determined by the Division, the Director's authorized representative shall either schedule an inspection of the workplace or issue a letter to the employer stating the allegations set forth in the complaint.

Note: Section 110 of the Occupational Safety and Health Act provides explicit protection for employees exercising their rights, including making safety and health complaints.

INSTRUCTIONS:

Fill in the form as accurately and completely as possible. Describe each hazard you think exists in as much detail as you can. If the hazard 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 and signed the form, email or mail it to your local IDOL Office.

Punishment for Unlawful Statements

It is unlawful to make any false statement, representation or certification in any document filed pursuant to the Occupational Safety and Health Act, Section 120(c). Violations can be chargee with Class 4 felony

EMAIL OR USPS MAIL THE COMPLETED FORM TO:

Illinois Department of Labor
Illinois OSHA
Lincoln Tower Plaza
524 South 2nd Street, Suite 400
Springfield, IL 62701
DOL.Safety@illinois.gov

Illinois Department of Labor
 Illinois OSHA
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Establishment Name	
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Site Address	
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Site Phone		Site Fax	
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Mailing Address	
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Supervisor Name		Telephone	
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Supervisor's Email	
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HAZARD DESCRIPTION/LOCATION. Describe the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists. Utilize additional sheets if necessary.

Has this Condition been brought to the attention of :(Choose all that apply)

Employer
 Other Government Agency (Specify)

Name and Title of Employer or other Government Agency Representative notified (who specifically you notified and what is their title?)

Name

Title

Date and Approximate time that the condition was brought to the attention of the Employer or the Government Agency

Date/Time

Method of which it was brought to the attention of the Employer

Email
 Phone
 In-Person
 Other (if other, please describe)

Employer or other Government Agency representative response:

Please indicate Your Desire to Reveal Source

DO NOT reveal my name to my Employer
 My name may be revealed to the Employer

Illinois Department of Labor
Illinois OSHA



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The Undersigned believe that a violation of an Occupational Safety or Health Standard exists which is a job safety it Health hazard at the established named on this form	(Mark "X" in ONE)		
	<input type="checkbox"/> Employee	<input type="checkbox"/> Safety and Health Committee	
	<input type="checkbox"/> Representative of Employees	<input type="checkbox"/> Other (Specify)	
Complainant Name	<input type="text"/>	Telephone	<input type="text"/>
Complainant Email	<input type="text"/>		
Complainant Address	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>
<small>The complaint will not be processed or considered valid without a signature</small>	<small>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:</small>		
Organization Name	<input type="text"/>	Your Title	<input type="text"/>