



**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 Tennessee Department of Labor and Workforce Development.**

The Occupational Safety and Health Act of 1972, specifically T.C.A. Section 50-3-304(a), provides as follows: “(1) Any employees or representative of employees who believes that a violation of a safety or health standard exists that threatens physical harm, or that an imminent danger exists, may request an inspection by giving notice of such violation or danger to the commissioner. (2) Any such notice shall be reduced to writing, shall set forth with reasonable particularity the grounds for the notice, and shall be signed by the employees or representative of employees, and a copy shall be provided the employer or the employer’s agent no later than at the time of inspection. (3) Upon the request of the person giving such notice, such person’s name and the names of individual employees referred to therein shall not appear in such copy or on any record published, released, or made available pursuant to § 50-3-305. (4) If upon receipt of such notification the commissioner determines there are reasonable grounds to believe that such violation or danger exists, the commissioner shall make a special investigation in accordance with the provisions of §§ 50-3-301 - 50-3-306 as soon as practicable, to determine if such violation or danger exists. (5) If the commissioner 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.”

**How to Use this Form:**

Open the form and complete items 2 through 18 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.

**NOTE:** T.C.A. Section 50-3-502 States, “Any person who knowingly makes any false statement, representation or certification in any application, record, report or other document filed or required to be filed or maintained pursuant to the provisions of this chapter commits a Class C misdemeanor.”

**How to Submit this Form:**

After you have completed the form, submit to the form to:

Tennessee Department of Labor and Workforce Development  
Division of Occupational Safety and Health  
220 French Landing Drive  
Nashville, TN 37243-1002  
Phone (615) 741-2793 FAX (615) 741-3325

**Protection Against Retaliation/Discrimination:**

Employers are prohibited from discharging or discriminating against an employee who has exercised any right under the TOSHA Act, including the right to make safety or health complaints or to request an inspection from TOSHA. Complaints from employees who believe they have been discriminated against will be investigated by TOSHA. Such a complaint should be filed as soon as possible since TOSHA normally can only accept complaints filed within thirty (30) days of the alleged discriminatory action.

<b>Date</b>	<b>1. Complaint Number:</b>
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**2. Employer/Establishment Name:**

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**3. Site Address/Location (Street, City, State, ZIP):**

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**4. Mailing Address (if different)(Street, City, State, ZIP):**

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<b>5. Management Official:</b>	<b>6. Telephone Number(s):</b>
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**7. Type of Business:**

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**8 / 9. Hazard Description and Location:** Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard and the specific building or worksite location where each alleged violation exists.

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(Add additional pages if necessary.)

**10. Has the condition been brought to the attention of the:** (Mark "X" in all that apply)  
 Employer \_\_\_\_\_  Other Government Agency (specify) \_\_\_\_\_

**11. Should complainant's name be revealed?** Please indicate your desire:  
 Do not reveal my name to the Employer  My name may be revealed to the Employer

**12. Complainant's relationship to the employer/company** (Mark "X" in one box)  
 Employee  Employer  Former Employee  
 Representative of Employees  Other (specify) \_\_\_\_\_

<b>13. Complainant Name (Type or print name)</b>	<b>14. Telephone Number</b>
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**15. Address (Street, City, State, ZIP)**

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<b>16. Signature</b>	<b>17. Date</b>
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**18. 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: \_\_\_\_\_