

Indiana Occupational Safety and Health Administration
Complaint Form

*Indiana Department of Labor
 402 West Washington Street
 Room W195
 Indianapolis, IN 46204
 Phone: (317)232-2693
 Fax: (317)233-3790*

Please provide the following information and sign and date the form. You may submit the form to our offices via regular mail or fax. Failure to complete this form in its entirety may result in your complaint not being processed.

Complainant Information	
Name	Relationship to Employer
Address	
City, State and Zip Code	
Phone Number	Email Address

Employer Information	
Name	Type of Business
Exact Address	
City, State and Zip Code	
Phone Number	Management Official Name

Alleged Hazards: Below, please provide a detailed description of all alleged occupational safety and health hazards, including the exact location of each hazard.

Have you brought these hazards to the attention of the employer? Yes / No	If yes, what is the name of the person you notified of these hazards?
Have you brought these hazards to the attention of another government agency? Yes / No	If yes, which government agency did you notify?

Signature _____



Date _____