U.S. Department of Labor
Occupational Safety and Health Administration

Discrimination Case Activity Worksheet

Mon Oct 31, 1994 9:34am

Date	1. Local Case No.:	2. Activity Number:	3. Jurisdictional ID:	Reporting ID:
4. Case Type: ☐ 11c ☐ 405 ☐ ISCA ☐ AHERA ☐ Other		5. Statutory Implications: a. ☐ 11c b. ☐ 405 c. ☐ ISCA d. ☐ AHERA e. ☐ Other		

6. Respondent Information — 6a. Legal Name:

6b. Union/Non-Union: ☐ U - Union ☐ N - Non-Union ☐ O - Other | 6c. SIC Code: | 6d. # Employees:

Contact Information:

6e. Last | 6f. First | 6g. MI | 6h. Salutation

6i. Position:

6j. Respondent Site Information

Address | City | County | State | Zip | Phone: | Fax:

6k. Respondent Mailing Address (if different)

Address | City | County | State | Zip | Phone: | Fax:

7. Complainant Information

7a. Date Filed:

7b. Allegation:
A. ☐ Filing with other agency
B. ☐ Refusal to perform task
F. ☐ Filing with primary agency
M. ☐ Complaint with Management
P. ☐ Participation in S/H activities
T. ☐ Testifying in proceedings
Z. ☐ Other

7c. Date of Alleged Discrimination

7d. Complainant Name

Last | First | MI | Salutation

7e-i. Complainant Address:

Address | City | County | State | Zip | Phone: | Optional Phone:

8. Disposition Information — 8a. Disposition Date:

8b. Level: | 8c. Disposition Code: | 8d. Settlement Amount:

8e. Comments: | 8f. Final Determination ☐ Yes ☐ No

9. Allegation Summary:

I certify that the complaint was filed with me on (date):

Signature | Title | Date:

10. Investigation Information

10a. Case Screening Date:	10b. Investigation Open Date:	10c. Date Investigator Assigned:	10d. Investigator ID:	10e. Scope of Investigation ☐ F - Full Field ☐ N - No full field	10f. Investigation Close Date:

11. Optional Information

Type	ID	Optional Information Value

Reviewers Signature: | Date