

6. To your knowledge have these violations or unsafe conditions been considered by any government agency? Yes No

If yes, state name of agency

Approximate date it was considered

7. Is a complaint, alleging the same violations or unsafe conditions, being filed with any other government agency? Yes No

If yes, specify each agency name

Agency address (number, street)

City

State

ZIP code

8. Have you (or anyone you know) called these violations or unsafe conditions to the attention or discussed it with, the employer or any representative thereof? Yes No

To your knowledge, have these violations or unsafe conditions been the subject of any union/management grievance? Yes No

If yes, give the results thereof, including any efforts by management to correct the violations or unsafe conditions.

9. Confidentiality:

a. I permit the Department to disclose my name.

Yes No

b. I permit the Department to disclose the information herein.

Yes No

10. I hereby certify that the above, to the best of my knowledge, is true and correct.

Signature of complainant

Date

City

For Office Use Only

Date serviced

Inspector

Date

Time

Requirements written:

Yes

No

Complaint acknowledged:

Letter

Telephone

Summary:

Supervisor signature

Date