

State of New Jersey

PUBLIC EMPLOYEES
OCCUPATIONAL SAFETY AND HEALTH

STATE USE ONLY
Complaint No.

C O M P L A I N T
(Continued)

19. To your knowledge, has this complaint been the subject of any union/management grievance or have you (or anyone you know) otherwise called it to the attention of, or discussed it with, the employer or any representative thereof?

Yes No

If Yes, give the results, thereof, including any efforts by management to correct the violation.

20. Name of Union	21. Local Number
22. Name of Employee Representative	23. Telephone Number ()
24. Title	

THE INFORMATION BELOW WILL REMAIN CONFIDENTIAL UPON REQUEST

25. Please indicate your desire:

DO NOT REVEAL MY NAME TO THE EMPLOYER. OR MY NAME MAY BE REVEALED TO THE EMPLOYER.

I WANT TO BE PRESENT WHEN THE INSPECTION IS CONDUCTED.

26. The complainant, whose signature appears below (check one):

- Employee
- Representative of Employees
- Employer
- Other (Specify):

27. Name of Complainant (Print or Type)	28. Signature	29. Date
30. Street Address		
31. City, State, Zip		32. County
33. Telephone Number ()	34. Best Time to Contact	

**IF YOU ARE AN AUTHORIZED REPRESENTATIVE OF EMPLOYEES
AFFECTED BY THIS COMPLAINT, COMPLETE THE FOLLOWING:**

35. Name of Organization
36. Your Organization Title