



Complaint Form

409 N.E. 28th ST, 3rd Floor

Oklahoma City, OK 73105

Notice of Alleged Safety & Health Hazards

405-521-6100 FAX 405-521-6020

www.labor.ok.gov

Establishment Name _____

Site Address _____ City _____ State _____ Zip _____ County _____

Type of Facility _____ Phone _____ Fax _____

Management Contact Name _____ Title _____ Phone _____

Additional Management Contact Name _____ Title _____ Phone _____

HAZARD DESCRIPTION & LOCATION

Please briefly describe the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building, location or worksite where the alleged violation exists.

Are you an: Employee Employee representative Other, please specify: _____

Has this condition been brought to the attention of: Employer Other government agency? (specify): _____

A copy of this form may be provided to the employer upon request per 51 O.S.24A.1 et.seq.

***** All Complainant information will be redacted from any copy provided to the employer *****

The undersigned believes that a violation of an occupational safety or health standard exists which is a job safety or health hazard at the establishment indicated on this form (above).

Name of Complainant _____ Occupation _____ email _____ Phone _____

Home Address _____ City _____ State _____ Zip _____ County _____



You must digitally sign and email this completed form to the ODOL link below:

PEOSH@labor.ok.gov

By submitting this form to the Oklahoma Department of Labor's Public Employees Occupational Safety and Health Division, you assert your rights under Oklahoma Administrative Code 380:40-1-14, to provide notice to the Department of what you believe to be a violation of the Oklahoma Occupational Health and Safety Standards Act.

If you are an authorized representative of employees affected by this complaint, please state your name or organization that you represent and your title.

Name of Organization

Authorized Representative's Title