



Job Safety/Health Complaint

This form is provided for the assistance of the complainant and is not intended to constitute the exclusive means by which a complaint may be registered with the Department of Commerce.

Personal information your provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

Employer's Name (Owner Municipality or School District)		
Street	City	Zip Code
County	Telephone	
Specify the name and telephone number of employer's agent(s) in charge		

- Describe the hazards which exist including the approximate number of persons exposed or threatened by Such hazards. Give specific location.

- Specify the particular building, worksite, or location where the alleged hazard(s) is located, including address.

- Has this hazard been brought to the attention of, or discussed with, the employer or any management representative?

- If so, please give the results thereof, including any efforts by management to correct the hazard.

Signature		Today's Date	
Typed or Printed Name		Telephone	
Number and Street	City	State	Zip Code

- Check Applicable Designation:
- I do not want my name revealed to the employer
 - Employee Representative
 - Other (Please specify)

If you are an authorized representative of employees, state the name of your organization:

- Please indicate:
- I do not want my name revealed to the employer
 - My name may be revealed to the employer

Return to: Safety and Buildings Division
Occupational Safety – Public Sector
201 West Washington Avenue
Madison, WI 53707
(608) 266-2780