

STATE OF HAWAII
KA MOKU'ĀINA O HAWAI'I
Department of Labor and Industrial Relations
Ka 'oihana Pono Limahana
HAWAII OCCUPATIONAL SAFETY AND HEALTH DIVISION



		Complaint Number			
Establishment Name					
Site Address					
		Site Phone		Site Fax	
Mailing Address					
		Mail Phone		Mail Fax	
Management Official				Telephone	
Type of Business					
HAZARD DESCRIPTION/LOCATION. Describe briefly the hazard(s) which you believe exist and on what date you last observed the hazard(s). Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.					
Has this condition been brought to the attention of:		<input type="checkbox"/> Employer		<input type="checkbox"/> Other Government Agency (specify):	
<i>The OSH Act gives employees and employee representatives the right to request that their names not be revealed to their employer. Providing your name and address will only allow OSHA staff to communicate with you regarding your complaint.</i>		<input type="checkbox"/> Do NOT reveal my name to my Employer <input type="checkbox"/> My name may be revealed to the Employer			
Please Indicate Your Desire:					
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 named on this form. (Mark "X" in ONE box).		<input type="checkbox"/> Former Employee <input type="checkbox"/> Current Employee <input type="checkbox"/> Representative of Employees <input type="checkbox"/> Federal Safety and Health Committee <input type="checkbox"/> Other (specify)			
Complainant Name					Telephone
Address (Street, City, State, Zip)					
Email Address					
Signature					Date
If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:					
Organization Name:			Your Title:		