|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Complainant: \* | | | | | Date of Hire: \* | | | Job Title and Department: \* | | | | | | | | **Case No. (office use only)** | |
|  | | | | |  | | |  | | | | | | | |  | |
| Address: \* | | | | | | | | City: \* | | | | State: \* | | | | Zip Code: \* | |
|  | | | | | | | |  | | | |  | | | |  | |
| Telephone No.\* | | | | Email Address: \* | | | | Present Status: \* | | | | | | | | | |
|  | | | |  | | | | Choose an item. | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | |
| Employer: \* | | | | | | | Address: | | | | | | | | | | Tax ID # |
|  | | | | | | |  | | | | | | | | | |  |
| Telephone No: \* | | County: | | | | | City: | | | | State: | | | | | Zip Code: | |
|  | |  | | | | |  | | | |  | | | | |  | |
| No. of Employees: \* | Average Hours Worked: \* | | | | Rate of Pay: \* | | | Supervisor or Contact Person: \* | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Union: \* | | | | Union & Local # | | | | Have you filed a grievance: | | | | | | If so, date your grievance was filed: | | | |
| Choose an item. | | | |  | | | | Choose an item. | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | |
| Did you file a complaint of safety or health with MIOSHA? \* | | | Date you filed complaint: | | | If you filed a complaint with MIOSHA, was it? | | | | | | | | | Was your name revealed to employer? | | |
| Choose an item. | | |  | | | General Industry | | | Construction | | N/A | | | | Yes  No | | |
|  | | | |  | | | | | | | | | | | | | |
| Date and time discrimination occurred: \* | | | | Why do you think you were discriminated against? \* | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | |
| Did you verbally complain of alleged unsafe/unhealthy conditions to employer: | | | | To whom, when and what were the results of your complaint: | | | | | | | | | | | | | |
| Yes  No | | | |  | | | | | | | | | | | | | |
| Summary of Events: \* (add additional sheets if necessary) | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **FOR OFFICE USE ONLY:** | | | | | | | | | | | | | | | | | |
| Date: | | | |  | | | | | | TYPE OF BUSINESS | | | | | | | |
|  | | | |  | | | | | | | |
| NAICS CODE | | | | Person who took complaint: | | | | | | Investigator assigned to: | | | | | | | |
|  | | | |  | | | | | |  | | | | | | | |

\*Information Required to Complete Form