|  |  |  |  |
| --- | --- | --- | --- |
| 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