



Michigan Department of Licensing and Regulatory Affairs  
Michigan Occupational Safety & Health Administration



**MIOSHA DISCRIMINATION COMPLAINT FORM**

Full Name:*		Date of Hire:*	Job Title and Department:*		Case No. (office use only)
Address:*			City:*	State:*	Zip Code:*
Telephone No.:		Present Status:*			
		<input type="checkbox"/> Still Employed <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged <input type="checkbox"/> Suspended _____ days			
Employer :*		Address:*		State:*	Zip Code:*
County:		Telephone No.:	Supervisor or Contact Person:		
Union:*	Union & Local No.		Union Address:		
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you filed a grievance?	If so, date your grievance was filed:	Status of your grievance:	No. of Employees:	Average Hours Worked*	Rate of Pay*
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Did you file a complaint of safety or health?*	Date you filed complaint:	Who did you file the complaint with?	If you filed a complaint with MIOSHA was it?		Was your name revealed to employer?
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> General Industry <input type="checkbox"/> Construction		<input type="checkbox"/> Yes <input type="checkbox"/> 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:			
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Summary of Events:*( add additional sheets if necessary)					
Date:		<b>FOR OFFICE USE ONLY</b>		TYPE OF BUSINESS	
SIC CODE	NAICS CODE	Person who took complaint:		Investigator assigned to:	

\*Information Required to Complete Form

Return completed form to:

EMPLOYEE DISCRIMINATION SECTION

CADILLAC PLACE • 3026 W. GRAND BLVD. • SUITE 9-450 • DETROIT, MICHIGAN 48202

MIOSHA-GI-516 (5/2009)

www.michigan.gov/miosha • (313) 456-3109 • (313) 456-4226 FAX

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