



Michigan Department of Labor and Economic Opportunity  
Michigan Occupational Safety and Health Administration

**MIOSHA DISCRIMINATION COMPLAINT FORM**

Complainant:*	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:		
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:
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Did you file a complaint of safety or health?*	Date you filed complaint:	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)	

**FOR OFFICE USE ONLY:**

Date:		TYPE OF BUSINESS
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  
www.michigan.gov/miosha • (313) 456-3109 • (313) 456-4226 FAX

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