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:* | Still Employed | Laid Off | Discharged | 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: |
Did you file a complaint of safety or health?* | Date you filed complaint: |
If you filed a complaint with MIOSHA was it? | Yes | No |
Was your name revealed to employer? | 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

Return completed form to:
MIOSHA-GI-516 (11/2017)
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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