



Notice of Alleged Occupational Safety and Health Hazards - Instructions/Handling

For the General Public:

The Department of Labor and Economic Opportunity has developed this NOTICE in order to promptly and efficiently investigate the nature and extent of the conditions, that you feel are creating a hazard to safety or health or otherwise violate Michigan's Occupational Safety and Health Act Standards. This NOTICE is not intended to constitute the exclusive means by which a complaint may be filed.

Section 28(1) of Michigan's Occupational Safety and Health Act (Act 154, P.A. 1974) describes the procedures by which complaints may be filed and the actions that will be taken by the Department. An employee or employee representative who believes that a violation of a safety or health standard exists that threatens physical harm to an employee, or that an imminent danger exists, may request an inspection by giving written notice of the condition to the department. The notice shall be reduced to writing, and shall set forth with reasonable detail the grounds for the complaint. Upon receipt of a complaint and if the department determines there are reasonable grounds for the complaint, the department shall conduct an inspection. A copy of the complaint shall be provided to the employer or his agent not later than at the time of the inspection. Upon the request of the person giving the notice, his or her name and the names of employees referred to therein shall not appear in the copy or on the record which is published, released, or made available. If the department determines that there are no reasonable grounds to believe that an inspection should be conducted, it shall notify, in writing, the complainant of its determination.

Sections 65(1) and (2) make it unlawful for an employer to discharge or in any manner discriminate against an employee for filing a complaint with the Department or exercising any other rights provided by the act. Any employee who believes that they have been discharged or otherwise discriminated against by a person in violation of this section may file a complaint with the department alleging the discrimination within 30 days after the violation occurs.

INSTRUCTIONS:

Complete the form as accurately as possible. Describe each hazard you think exists in as much detail as you can. If the hazards described in your complaint are not all in the same area, please identify where each hazard can be found at the worksite. If there is any particular evidence that supports your suspicion that a hazard exists (for instance, a recent accident or physical symptoms of employees at your site), include the information in your description. If you need more space than is provided on the form, continue on another sheet of paper and attach.

If your complaint issues are mostly related to construction safety or health mail or fax the completed form to:

- Michigan Department of Labor and Economic Opportunity
Michigan Occupational Safety and Health Administration (MIOSHA)
Construction Safety and Health Division
P.O. Box 30645
Lansing, MI 48909-8145
TELEPHONE: (517) 284-7680
FAX: (517) 284-7685

If your complaint issues are mostly related to general industry safety or health, mail or fax the completed form to:

- Michigan Department of Labor and Economic Opportunity
Michigan Occupational Safety and Health Administration (MIOSHA)
General Industry Safety and Health Division
P.O. Box 30644
Lansing, MI 48909-8144
TELEPHONE: (517) 284-7750
FAX: (517) 284-7755

NOTE: It is unlawful to make any false statement, representation or certification in any document filed pursuant to the Michigan Occupational Safety and Health Act of 1974, as amended. Violations can be punished by a fine of not more than \$10,000, or by imprisonment of not more than six months, or by both (Section 35(7)).



General Industry Safety and Health

Construction Safety and Health

NOTICE OF ALLEGED SAFETY OR HEALTH HAZARDS

		Complaint Number:			
Establishment Name:					
Site Address: (Street, City, State, Zip)		Site Phone:		Site Fax:	
Mailing Address: (if different from site)		Mail Phone:		Mail Fax:	
Management Official:				Telephone:	
Type of Business:					
HAZARD DESCRIPTION/LOCATION. Briefly describe the hazards you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.					
Has this conditions been brought to the attention of:		<input type="checkbox"/> Employer <input type="checkbox"/> Other government agency (specify)			
Please indicate your desire:		<input type="checkbox"/> I do NOT want my name revealed to the employer. <input type="checkbox"/> I want my name revealed to the employer.			
The undersigned believes that a violation of an occupational safety or health standard exists which is a job safety or health hazard at the establishment named on this form.		Check ONE box. <input type="checkbox"/> Current employee <input type="checkbox"/> Federal Safety and Health Committee <input type="checkbox"/> Representative of employees <input type="checkbox"/> Other (specify): <input type="checkbox"/> Former employee, last date worked: month: day: year:			
Complainant Name:				Telephone:	
Signature:				Date:	
If you wish to receive a copy of the results of this complaint, please provide your mailing address below.					
Please mail the results to this address (Street, City, State, Zip):					
If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title.					
Organization Name:				Your Title:	
MIOSHA -7a (rev. 9/19)		The Department of Labor and Economic Opportunity will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.			
Completion: Voluntary					