

Has this condition been brought to the attention of: Employer Safety committee Other government agency

Results: _____

Confidentiality of complainant: Do **NOT** reveal name to employer

Name **MAY** be revealed to employer

Complainant is: Employee Ex-employee

Rep. of employees Family member Other: _____

Complainant name: _____ Phone: _____

Address: _____ Message no.: _____

City, State, ZIP: _____

NOTE: Under ORS 654.991(3) it is unlawful to make false statements, representations, or certifications in any application, record, report, plan, or other documents filed. To do so may be punishable by a fine of not more than \$10,000, imprisonment for not more than six months, or both.

Complainant signature: _____ Date: _____

If we do not receive this form signed, no action will be taken on this complaint.

OFFICE USE ONLY

Evaluated by: _____

Date evaluated: _____

Supervisor assigned: _____

Evaluation/action: Safety Health Request signature

Imminent danger (1) Serious (2) OTS (3)

Inspection Phone/fax Letter No further action

CO assigned: _____

Referred to outside agency (specify):

Comments:

