

NC Department of Labor
Division of Occupational Safety and Health

Notice of Alleged Safety or Health Hazards

For the General Public:

This form is provided for the assistance of any complainant and is not intended to constitute the exclusive means by which a complaint may be registered with the NC Department of Labor.

Section 95-136(d)(1) of the North Carolina Safety and Health Act, provides as follows: Any employee or representative of employees who believe that a violation of a safety or health standard exists that threatens physical harm, or that an imminent danger exists, may request an inspection by giving notice of such violation or danger to the Commissioner or Director. Any such notice shall be reduced to writing, shall set forth with reasonable particularity the grounds for the notice, and then shall be signed by the employee or representative of employees, and a copy shall be provided the employer or his agent no later than at the time of inspection. Upon request of the person giving such notice, his name and the names of individual employees referred to therein shall not appear in such copy or on any record published, released, or made available pursuant to subsection (e) of this section. If upon receipt of such notification the Commissioner or Director determines there are reasonable grounds to believe that such violation or danger exists, the Commissioner or Director shall make a special investigation in accordance with the provisions of this section as soon as practicable to determine if such violation or danger exists. If the Commissioner or Director determines there are no reasonable grounds to believe that a violation or danger exists, he shall notify the employee or representative of the employees in writing of such determination.

NOTE: The North Carolina Occupational Safety and Health Act provides that no person shall discharge or discriminate against any employee because that employee has filed a complaint.

INSTRUCTIONS:

Open the form and complete the front page as accurately and completely 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 any other sheet of paper.

After you have completed the form, return it to your local OSH office listed below:

NC DEPARTMENT OF LABOR
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH
COMPLAINT DESK
1102 MAIL SERVICE CENTER
RALEIGH, NORTH CAROLINA 27699-1102

NOTE: It is unlawful to make any false statement, representation or certification in any complaint. Violations are a Class 2 misdemeanor which may be punished by a fine of not more than \$10,000. (Section 95-139)

Public reporting burden for this collection of information is estimated to vary from 15 to 25 minutes per response with an average of 17 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of IRM Policy, Department of Labor, Room N-3101, 200 Constitution Avenue, N.W., Wash., D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1218-0064), Wash., D.C. 20503.

DO NOT SEND THE COMPLETED FORM TO EITHER OF THESE OFFICES

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