

Discrimination

Jobplace Discrimination Complaint

- Establishment Name*

- Site Physical Address*

Street Address Address Line 2

City ZIP Code

- Mailing Address (If different)

Street Address Address Line 2

City ZIP Code

- Management Official

First Last

- Phone

- Type of Business

- Discrimination Description*

Describe briefly the discrimination which you believe exist. Include the approximate number of employees exposed to or threatened by discrimination.

- Discrimination Location*

Specify the particular building or worksite where the alleged violation exists

- This condition has been brought to the attention of:
(Choose all that apply)

- Employer
- Government Agency
- Other

- I am a(n):

- Employee

- Representative of Employees
-
- Please indicate your desire:
The VOSHA Act gives complainants the right to request that their names not be revealed to their employer. Providing your name and address will only allow VOSHA staff to communicate with you regarding your complaint.
 - Do NOT reveal my name to my Employer
 - My name may be revealed to my Employer
- Complainant name*
 First Last
- Complainant email address*
- Complainant Telephone Number*
- Complainant Mailing Address*
 Street Address Address Line 2
 City State ZIP Code

.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