


# Retaliation Complaints

If you believe that you are a victim of whistleblower retaliation, please use this form: 

## VOSHA Retaliation Complaint

- Name of Company Responsible for Retaliation\*

- Phone of Responsible Company

- I am a(n):

- Employee
- Representative of Employees
- Other

- Complainant name\*

First  Last

- If this box is checked, this submission shall be considered as an authorized written signature.

- This constitutes my electronic signature.

- Complainant email address\*

- Complainant Telephone Number\*

- Complainant Mailing Address\*

Street Address  Address Line 2

City  State  ZIP Code

- Description of Complaint:\*

- Protected Activity:\*

(i.e. bringing a safety complaint to the attention of the supervisor, filing a workers' compensation claim, filing a VOSHA complaint, etc.)

- Negative Action Taken:\*

(i.e. demotion, firing, etc.)

**.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

Submit