

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