

Safety Complaints

VOSHA

Online Complaint Form

Notice of Alleged Safety or Health Hazards

EMERGENCY NOTICE: Do Not Report an Emergency Using This Form or Email!

*To report an emergency, fatality, or imminent life threatening situation please contact our toll free number immediately:
1-800-287-2765*

NOTE: In order for VOSHA to fully process your complaint, complete and accurate information about the worksite is necessary.

VOSHA Safety Complaint

- Establishment Name*

- Site Physical Address*

| | | | |
|----------------------|----------------|----------------------|----------------|
| <input type="text"/> | Street Address | <input type="text"/> | Address Line 2 |
| <input type="text"/> | City | <input type="text"/> | ZIP Code |

- Mailing Address (If different)

| | | | |
|----------------------|----------------|----------------------|----------------|
| <input type="text"/> | Street Address | <input type="text"/> | Address Line 2 |
| <input type="text"/> | City | <input type="text"/> | ZIP Code |

- Management Official

| | | | |
|----------------------|-------|----------------------|------|
| <input type="text"/> | First | <input type="text"/> | Last |
|----------------------|-------|----------------------|------|

- Phone

- Type of Business

- Hazard Description*

Describe briefly the hazard(s) which you believe exist.
Include the approximate number of employees exposed to

or threatened by each hazard.

▪ Hazard 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
-

▪ 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

▪ 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

▪ 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