

Mail or Fax To:

Department of Labor and Industries
 Division of Occupational Safety and Health
 PO Box 44600
 Olympia WA 98504-4600

Fax: 360-902-5482



DOSH Discrimination Complaint

Only applicable when Safety and Health issues are involved

Last Name	First	Middle	Date	Phone number	Cell number
Present address					
City		State	Zip+4	County	
Complainant's Attorney				Phone number	
Employer			Business name		
Address		City	State	Zip+4	County
Type of business				Employer Phone number	
Date hired	Supervisor's name	Department you worked in		Job title	
Final wage rate		Has employment been terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No Date			
Have you filed a grievance? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date grievance filed		
Union representative			Phone number		
Check related hazard type: <input type="checkbox"/> Safety <input type="checkbox"/> Both <input type="checkbox"/> Health			Did you request a safety or health inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No Date requested		
Date alleged act of discrimination occurred					
Describe how you were discriminated against					
Why did the employer take this action (in your opinion)?					
Did you and/or anyone else file any complaints with the employer?			What were the results of your complaint?		
Name, address and phone number of others who filed a complaint.					
Have you filed your complaint with another agency? If so, which agency have you contacted?					
Have you received employee evaluation(s) during your employment? If so, specify date(s).					

Have you received any warnings or reprimands from your employer? If yes, specify why and if they were oral or written.
What may we expect the employer to tell us about you?
List the names, addresses and phone numbers of witnesses to the alleged acts of discrimination.

I certify under the penalties of perjury that the information provided herein is the truth to the best of my knowledge.

Date	Print name	Signature
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Mail completed form to: Department of Labor and Industries
DOSH Discrimination Program
PO Box 44600
Olympia WA 98504-4600

Or fax completed form to: 360-902-5482

Department use only

Location complaint filed	I certify that the complaint was filed with me on
Phone number	Department representative and title

Your rights under RCW 49.17.160 (1) and (2) are:

RCW 49.17.160 Discrimination against employee filing complaint, instituting proceedings or testifying prohibited-Procedure-Remedy.

(1) No person shall discharge or in any manner discriminate against any employee because such employee has filed any complaint or instituted or caused to be instituted any proceeding under or related to this chapter, or has testified or is about to testify in any such proceeding or because of the exercise by such employee on behalf of himself or others of any right afforded by this chapter.

(2) Any employee who believes that he has been discharged or otherwise discriminated against by any person in violation of this section may, within thirty days after such violation occurs, file a complaint with the director alleging such discrimination. Upon receipt of such complaint, the director shall cause such investigation to be made as he deems appropriate. If upon such investigation, the director determines that the provisions of this section have been violated, he shall bring an action in the superior court of the county wherein the violation is alleged to have occurred against the person or persons who is alleged to have violated the provisions of this section. If the director determines that the provisions of this section have not been violated, the employee may institute the action on his own behalf within thirty days of such determination. In any such action the superior court shall have jurisdiction, for cause shown, to restrain violations of subsection (1) of this section and order all appropriate relief including rehiring or reinstatement of the employee to his former position with back pay.

To file a federal complaint:

If you are employed in the private sector or the United States Postal Service, you may also file a retaliation complaint under Section 11(c) of the federal Occupational Safety and Health Act. In order to do this, you must file your complaint with the U.S. Department of Labor – OSHA within thirty (30) days of the retaliatory act. If you do not file a retaliation complaint with OSHA within the specified time, you will waive your rights under OSHA’s Section 11(c). Although OSHA will not conduct a parallel investigation, filing a federal complaint allows you to request a federal review of your retaliation claim if you are dissatisfied with the state’s final administrative determination; that is, after the State’s appeals process is completed. To file such a complaint, contact the OSHA Regional Office representative indicated below:

Regional Supervisory Investigator	Tel. #: 206-757-6700
U.S. DOL/OSHA	FAX: 206-757-6705
300 Fifth Avenue, Suite 1280	
Seattle WA 98104	