



DOSH Retaliation Complaint

Mail or Fax To:

Department of Labor & Industries
PO Box 44600
Olympia WA 98504-4600
Fax: 360-902-5482

Use this form to report alleged retaliation for exercising your workplace safety & health rights. See Page 3 for more information about DOSH Retaliation.

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Mx

Name (Last, First, Middle Initial)		Phone Number	Cell Phone Number
Present Address – Street		City	State Zip Code
County	Email Address		Best Time to Reach You
Employer Name			Employer Phone Number
Employer Street Address		City	State Zip Code
Type of Business	Job Title	Date Hired	
Has Employment Been Terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", Date Terminated	
Did you resign from your job? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", Date Resigned	
Date Alleged Retaliation Occurred			
Describe how you were retaliated against. If you need more space to describe the situation, you can attach a separate document when you send us this form.			
Why did the employer take this action (in your opinion)?			

Have you filed your complaint with another agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", which agency have you contacted?	Date You Contacted Other Agency
What were the results of that complaint?	
<input type="checkbox"/> By submitting this form, I hereby affirm and attest that I have personal knowledge that the hazards listed exist and that my name on this form legally constitutes my signature. <input type="checkbox"/> By checking this box, I acknowledge the following: L&I takes precautions to protect your personal data that may be accessed through our website at www.Lni.wa.gov . Our detailed privacy and security statements are available to all internet users. See: www.Lni.wa.gov/agency/privacy-security-statement .	
I certify under the penalties of perjury that the information provided herein is the truth to the best of my knowledge.	
Signature (Type or Print)	Date

Next Steps:

1. **Review the form.** Make sure the information is as complete and accurate as possible.
2. **Save the form. Change the default file name so you find it easily.** If you're using a public or shared computer, be sure to [save it](#) to a safe location like a thumb drive or a secured folder. If that's not possible, make sure you delete the file after you're completed the next step.
3. **Submit the form to our secure file upload.** [Upload the file you've just saved here](#). You can also use the link to send us photos, videos, documents, and other supporting information along with this form. Send the form and any documentation you have all at once using this link.

Need help?

If you have any problems, please contact us at EyeOnSafety@Lni.wa.gov and we will help you.

You can also submit your form via mail or fax:

Mail completed form to: Department of Labor & Industries
 DOSH Discrimination Program
 PO Box 44600
 Olympia WA 98504-4600

Fax completed form to: 360-902-5482

More information about DOSH Retaliation

You have the right to a safe and healthy workplace – It's the law!

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 herself or others of any right afforded by this chapter. Prohibited discrimination includes an action that would deter a reasonable employee from exercising their rights under this chapter.
- (2) Any employee who believes that he or she has been discharged or otherwise discriminated against by any person in violation of this section may, within 90 days after such violation occurs, file a complaint with the director alleging such discrimination. The department may, at its discretion, extend the time period on recognized equitable principles or due to extenuating circumstances.

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:

Mailing Address:

Regional Supervisory Investigator
U.S. DOL / OSHA
300 5th Avenue Suite 1280
Seattle WA 98104

Phone Number:
206-757-6700

Fax Number:
206-757-6705

More information about retaliation in the workplace can be found at: www.Lni.wa.gov/WorkplaceDiscrimination

Department Use Only

Location Complaint Filed:

Phone Number

Department Representative Name

Title