

Alleged Safety or Health Hazards

Use this form to report an alleged safety or health hazard with the Department of Labor & Industries (L&I). This form is provided for the assistance of any complaint and is not intended to constitute the exclusive means by which a complaint may be reported to L&I. You may choose to remain anonymous when reporting or if you provide your name and contact information, you can request confidentiality.

If you see a worker in immediate danger and need help, call L&I at 1-800-423-7233.

Complete the form with as much detail as possible. If more room is needed, continue on a separate sheet of paper or a separate document and send it with this form.

For more detailed information and instructions, see page 4 of this form.

1. Employer Name				
2. Site Location – Street Address		City	State	Zip Code
3. Mailing Address (if different) Street Address		City	State	Zip Code
4. Name of Management/Supervisory Official		5. Business Telephone Number		
6. Type of Business				
7. Hazard Location – Specify the particular building/work site and the work shifts where the alleged hazard is occurring. If the hazards described in your complaint are not all in the same area, identify where each hazard can be found at the worksite.				

8. Hazard Description – Describe the hazard(s) you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. If you have any evidence to support your suspicion of a hazard such as a recent accident or physical symptom of employees, include this information in your description.

If you need more space to describe the situation, you can attach a separate document when you send us this form. You can also submit photos or videos when you send us this form.

9. Who else have you informed about this unsafe condition/practice? Mark all that apply. <input type="checkbox"/> Employer <input type="checkbox"/> Other Government Agency (specify): _____ <input type="checkbox"/> Other Individual		
List Name of Person Notified	Job Title of Person Notified	Date Notified
10. Are you a current employee or employee representative of this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
11. The Undersigned believes that a violation of an Occupational Safety or Health standards exists which is a job safety or health hazard of the establishment name on the form. (Check one below) <input type="checkbox"/> Employee <input type="checkbox"/> Representative of Employees <input type="checkbox"/> Other (specify): _____		
12. If you are an authorized representative of employees affected by the complaint, please state the name of the organization that you represent and your title.		
Organization/Union Name	Your Title	

Optional Information

Your contact information helps ensure we can follow up with you should we need additional information. It also allows us to inform you of any action taken as a result of your report.

13. Name	14. Phone Number		
15. Street Address	City	State	Zip Code

Confidentiality Note:

DOSH will only maintain confidentiality regarding the source of a complaint for an employee or employee representative that files a DOSH workplace safety and health complaint. The employee or employee representative must specifically request confidentiality and sign the compliant form either physically or electronically.

16. Signature (Type or Print)	17. Date
<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 .

Next Steps

Thank you for completing this form. To complete the process of submitting an Alleged Safety or Health Hazard Complaint, please do the following:

- 1. Review the form.** Make sure the information is a complete and accurate as possible.
- 2. Save the form. Change the default file name so you can 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 this link to send us photos, videos, documents, and other supporting information along with this form. Send the form and any documentation you have together using this link.

If you prefer to print and mail the form, see the office locations below.

Need help?

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

More information about this form & the complaint process:

Every Washington worker has the right to safety and health on the job. That's the law.

Complaints by employees or their representatives.

(1) Any employee or representative of employee(s) who in good faith, believes that a violation of any safety or health standard or an imminent danger exists in any workplace where the employee is employed, may request an inspection of such workplace by giving notice of the alleged violation or danger to any office or officer of the Department of Labor and Industries, Division of Occupational Safety and Health. Any such notice will be in writing with reasonable explanation of the grounds for the notice, and shall be signed by the employee or representative of employee(s). A copy shall be provided to the employer or their agent by an officer of the Division no later than at the time of inspection, if any. Identifying information will not appear in such copy provided. Signed forms either physically or electronically by employees or representative of employee(s) will be confidential per current State of Washington Public Record Laws.

(2) If upon receipt of such notification it is determined that the complaint meets the requirements set forth in subsection (1) of this section, and that there are reasonable grounds to believe that the alleged violation or danger exists, an inspection shall be made as soon as practicable, to determine if such alleged violation or danger exists. Inspections under this section may extend beyond the matters referred to in the complaint.

Please refer to [RCW 49.17.110](#)

Note: [RCW 49.17.160](#), protects employees or representatives filing safety and/or health complaints, against discriminatory actions by an employer.

How does DOSH define a “representative of employees”?

A representative of employee includes the elected labor organizations representing employees at a specific worksite. It also includes employee-elected representatives on a specific work place safety committee for the employee in question.

Instructions on Completing Alleged Safety or Health Hazards Form:

1. **Employer Name:** Enter the legal name of the employer or establishment.
2. **Site Location:** Enter street (or highway) address, city, state and zip code of the work site where the alleged hazard exists.
3. **Mailing address (if different):** Enter the mailing address for the establishment if it is different from the site address
4. **Management/Supervisory Official:** Enter the name of the owner, operator, or agent in charge of the work site.
5. **Business Telephone Number:** Enter a telephone number at the establishment. This may be the number of the management official identified in Box 5 or another number for the establishment.
6. **Type of Business:** Describe the type of industrial activity performed at the workplace. For example, a complaint alleging an unsafe warehouse condition in an agricultural chemical plant would show “agricultural chemical plant” in this space, not “warehouse”.
7. **Hazard Location:** This is the specific building or work site where the alleged hazard exists.
8. **Hazard Description:** Describe the alleged hazard in detail. Include as much information as can be obtained or is applicable. When more space is needed, continue on another sheet of paper. Attach all continuation sheets to the complaint form. Include who is affected, what is the hazard, where and when does the hazard exist, what is causing the hazard and what the employer has done to eliminate the hazard.
9. **Who else have you informed about this unsafe condition/practice:** Mark “X” in the appropriate box of who you have informed about the condition/practice. Specify which agency if applicable. Please include the name and job title of the person(s) informed of the unsafe condition/practice.
10. **Are you a current Employee or Employee Representative of this employer:** Mark “X” in the appropriate box to identify if you are a current employee or employee representative and mark “X” in the box indicating whether or not you wish your name to be revealed to the employer.

11. **The undersigned...**(source of complaint): Mark "X" in the box that indicates your relationship with the employer. If "Other" is marked, please specify.
12. **Authorized representative:** This space is provided if you are an authorized representative. Please list your organization name and title

NOTE: The remaining sections are optional. You can submit this form anonymously. If you wish to receive results of our inspection/investigation, complete Boxes 13 through 15.

13. **Name:** Enter your full name
14. **Phone Number:** Enter your telephone number.
15. **Address:** Enter your street address, city, state abbreviation and zip code.
16. **Signature:** Please sign or type your name if submitting this form electronically.
17. **Date:** Enter today's date.

Thank you for your concern.

[Submit y our completed form online](#) or to your regional office listed below.

See our full list of office locations and information at www.Lni.wa.gov/agency/contact/#office-locations.

Region 1

729 100th St SE
Everett WA 98208-3727
425-290-1300

Region 4

PO Box 44651
Olympia WA 98504-4651
360-902-5566

Region 5

1205 Ahtanum Ridge Dr Suite C
Union Gap WA 98903
509-454-3700

Region 2

12806 Gateway DR S
Tukwila WA 98168
206-835-1000

Located at:

7273 Linderson Way SW
Tumwater, WA 98501-5414

Region 6

901 N Monroe Suite 100
Spokane WA 99201-2149
509-324-2544

Region 3

950 Broadway Suite 200
Tacoma WA 98402-4405
253-596-3800