

NOTICE OF ALLEGED SAFETY OR HEALTH HAZARDS

THE INDUSTRIAL COMMISSION OF ARIZONA DIVISION OF OCCUPATIONAL SAFETY & HEALTH

EMPLOYER'S NAME:			
EMPLOYER'S ADDRESS:			
EMPLOYER'S MAILING ADDRESS:			
MANAGEMENT OFFICIAL:			
EMPLOYER'S TELEPHONE NUMBER:		FAX:	
NATURE OF EMPLOYER'S BUSINESS:			
DESCRIBE FULLY THE HAZARDS THAT YOU BELIEVE EXIST INCLUDING THE NUMBER OF EMPLOYEES EXPOSED:			
SPECIFY EACH LOCATION OR WORK AREA WHERE THE HAZARDS DESCRIBED ABOVE EXIST:			
THIS CONDITION HAS BEEN BROUGHT TO THE ATTENTION OF: (Check all that apply)			
EMPLOYER	FEDERAL OSHA	OTHER (Specify):	
NAME OF PERSON FILING COMPLAINT:		TELEPHONE:	
MAILING ADDRESS:			
RELATIONSHIP TO EMPLOYER:	EMPLOYEE	OTHER (Specify):	
IF PERSON FILING COMPLAINT IS AN EMPLOYEE REPRESENTATIVE, WHAT ORGANIZATION DOES THE COMPLAINANT REPRESENT (Provide the name and local # of the organization and your title, if appropriate):			
THE IDENTITY OF THE PERSON FILING THIS COMPLAINT WILL BE REVEALED TO THE EMPLOYER UNLESS THE RELEASE OF THE NAME WILL RESULT IN SUBSTANTIAL HARM TO THE PERSON FILING THE COMPLAINT. PLEASE INDICATE THE FOLLOWING:			
MY NAME MAY BE REVEALED			
DO NOT REVEAL MY NAME TO THE EMPLOYER			

SIGNATURE:

CURRENT DATE:

EMAIL ADDRESS:

PLEASE INDICATE YOUR PREFERRED METHOD OF COMMUNICATION: