







Are you an authorized / designated representative (e.g., attorney, shop steward) that is filing on behalf of an employee?

Yes

No

If yes for either, please provide contact information for the authorized/designated representative:

Name:

Title:

Organization Name (if any):

Union Affiliation (if any):

Address (Street, City, State, Zip) (Required):

Street:

City:

State:

Zip:

Phone (day):

Ext:

Email:

By checking this box, I certify that the named employee has authorized me to act as their representative for purposes of this complaint.

### Submission

Please review the information you have entered to ensure that it is accurate. You may change any answers as needed before submitting the form.

Note: I am aware that it is unlawful for me to make any false statement, representation or certification in this document which is being filed pursuant to the Arizona Occupational Safety and Health Act of 1972 [A.R.S § 23-418(G)]. Violation of this requirement is a Class 2 misdemeanor and carries a penalty up to \$750.00.

#### Privacy Act Statement

This form requests personal information that is relevant and necessary to determine whether and how to conduct an investigation. ADOSH collects this information in order to process complaints under its statutory and regulatory authority. Once a complaint is filed, the individual's name and information about the allegations of retaliation will be disclosed to the employer. During the course of an ADOSH investigation, information contained in an investigative case file may be disclosed to the parties in order to resolve the complaint. During an investigation, information about the complaining party and the employer will not be released to the public except to the extent allowed under the Freedom of Information Act (FOIA). However, once a case is closed, it is possible that information contained in the complaint or a case file may be released to the public as required by the FOIA. Any such documents will be redacted as appropriate under the FOIA and the Privacy Act.

Signature of Complainant:

Date:

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AUTHORIZATION FOR RELEASE OF EMPLOYMENT RECORDS

To Whom It May Concern:

The undersigned \_\_\_\_\_, does hereby  
authorize Arizona Department of Occupational Safety and Health to obtain copies of any and  
all personnel and employment records involving his/her employment with

Date:

Signature: