

Massachusetts Department of Labor Standards • Workplace Safety and Health Program

Notice of Alleged Safety and/or Health Hazard

Reporting of Alleged Safety and/or Health Hazard

Complaints regarding occupational safety and health conditions at a public sector workplace (municipality, county, state agency) in Massachusetts can be submitted to the Department of Labor Standards (DLS) using this form. If you prefer to phone in your complaint, the form will be started for you and your signature will be requested.

Complaints regarding occupational safety and health conditions at a private sector employer, including private sector employers working on public property, should be made by contacting the local OSHA area office. See www.osha.gov for a list of OSHA offices.

Who may submit a complaint? Any employee or a representative of employees who believes that a violation of a safety or health standard exists that threatens physical harm, or that an imminent danger exists, may submit a complaint to DLS. Signed complaints are given priority over unsigned complaints. DLS also accepts referrals about potential safety and health conditions from other state agencies, federal agencies and public safety departments.

Can an employer retaliate against the complainant? Beyond any collective bargaining rights, public employees have the right under MGL c. 149 § 185 to pursue civil litigation at their own expense if they feel they have been disciplined in retaliation to filing a complaint. Complainants are not protected against discipline by their employer for work performance issues. Filing a complaint with DLS regarding safety conditions does not preclude the employer from continuing with disciplinary proceedings or personnel assignments that may be underway.

What happens after a complaint is submitted? DLS evaluates information in the complaint. DLS may respond to the complaint by contacting the employer by phone or letter, by conducting a site inspection, or by referring the complaint to the appropriate government agency that has authority if DLS does not have jurisdiction. If DLS determines that there are no reasonable grounds to believe that a violation exists, the complainant will be notified in writing of such determination when contact information has been provided. The employer is permitted to request a copy of the written complaint. If the complainant has requested, the employee information is redacted before it is submitted to the employer.

Instructions

1. Complete page 2 as accurately and completely as possible.
2. Describe each hazard you think exists in as much detail as you can.
3. If the hazards described in your complaint are not all in the same area, please identify where each hazard can be found at the worksite.
4. If there is any particular evidence that supports your suspicion that a hazard exists (for instance, a recent accident or physical symptoms of employees) include the information in your description.
5. If you need more space than is provided on the form, continue on another sheet of paper.

After you have completed the form, return it by mail, fax or e-mail to:

Department of Labor Standards
72 School Street
Taunton, MA 02780
E-mail: safepublicworkplace@state.ma.us
Fax: 508-822-2033, Phone: 508-616-0461



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT
DEPARTMENT OF LABOR STANDARDS

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Complaint Number (for office use) _____

Agency Name (Please provide full name) _____

Site Address _____ Site Phone _____

Mailing Address _____ Mail Phone _____

Management Official for your department _____ Telephone _____

Management Official for the Agency _____

Hazard Description/Location Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists. Include drawings, sketches or photographs if applicable and possible.

Please describe employees affected by the hazard:

- Municipal or County employees
- State employees
- Employees of a private company

Has this condition been brought to the attention of:

- Employer
- Other Government Agency (specify) _____

Please Indicate Your Desire:

- Do NOT reveal my name to my Employer
- My name may be revealed to the Employer

The Undersigned believes that a violation of an Occupational Safety or Health standard exists at the agency named on this form.

(Mark "X" in ONE box)

- Employee
- Safety and Health Committee
- Representative of Employees
- Other (specify): _____

Complainant Name _____ Telephone _____

Address (Street, City, State, Zip) _____

Complainant email _____

Signature _____ Date _____

If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:

Organization Name _____ Your Title _____

