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

Massachusetts Department of Labor Standards • Workplace Safety and Health Program

Filing a Complaint about Safety and Health Conditions in Public Sector Workplaces in Massachusetts

Where to file a complaint

Private Sector Employer: Federal OSHA has jurisdiction for private sector employers in Massachusetts. Call OSHA at (800) 321-6742. Do not use the Department of Labor Standards Complaint Form.

Public Sector Workplaces: The Department of Labor Standards has jurisdiction to ensure public sector employers comply with OSHA standards. Public sector workplaces include: state, county and municipal employers, and quasi agencies, commissions, and public K-12 schools and colleges.

Submit a Complaint Form or contact us with information requested in the form.
Visit https://www.mass.gov/forms/public-sector-workplace-complaint-submission

Massachusetts Department of Labor Standards
Email: safepublicworkplacemailbox@mass.gov
Phone: (508) 616-0461 and choose option #1, Fax: (508) 822-2033
Mail: 72 School Street, Taunton, MA 02780, Attn: WSHP

How to use the complaint form

The Complaint Form is a fillable pdf. Save the form to your computer first. Enter information, and save a final version to your computer. Then attach the form to an email. Do not complete the form online within your web browser, your data will not be saved.

Who may submit a complaint

Any employee, or representative of employees, who believes a violation of an OSHA standard exists may submit a complaint. Signed complaints are given priority over unsigned complaints.

What happens next

DLS will evaluate the conditions described in the complaint.

When DLS determines that the complaint describes a potential OSHA violation, the case is assigned to an inspector. Complaints are typically handled as follows:

- **Site Inspection:** The inspector will contact the Employer to make an appointment for a site inspection.
- **Complaint Letter:** The inspector will contact the employer in writing and require the employer to respond by a due date with proof that the hazard has been corrected.
- **Imminent Danger:** DLS may phone the employer or visit the workplace that same day. An example of imminent danger includes employees in a trench without cave-in protection, or in an aerial lift without fall protection.

DLS may determine not to conduct an evaluation. Examples include:

- **There is no OSHA regulation:** Indoor air quality, mold, lack of air conditioning.
- **It is a human resources issue:** Work hours, staffing, migraines, allergy, bullying.
- **A different agency has jurisdiction:** DLS will forward your complaint to the agency with jurisdiction.

DLS will send a receipt to the complainant when contact information has been provided. Site inspections are prioritized according to the nature of the hazard, and are not scheduled in a "first come first served" order. Questions about jurisdiction or whether a condition at your workplace is an OSHA violation?
Call (508) 616-0461 and choose option#1, or email safepublicworkplacemailbox@mass.gov.

Anonymous complaint

If you request to be anonymous, then the inspector assigned to the case will not be given your name. This means that during the site walkthrough the inspector will not know that you are the complainant. We do not provide copies of your complaint form to the employer. However, DLS might be required to provide the complaint form to the Employer if the case is involved in litigation.

Union participation

Employee representatives shall be given the opportunity to participate in the DLS inspection, per 454 CMR 25. It is the responsibility of the Employer to notify the union about the DLS appointment.

Retaliation

It is unlawful to retaliate against employees for submitting a complaint about workplace safety and health conditions, per 454 CMR 25. However, filing a safety complaint with DLS does not stop disciplinary action in progress for issues such as attendance or job performance. 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.

Copies of the Inspection Report

Inspection reports are issued to the Employer. DLS does not send a copy of the inspection report to the complainant. When the complainant has provided an email, we notify the complainant when the case is closed. At any time, the complainant can file a public records request for the report.

To make a Public Records Request, you may call (617) 626-6976 or use the online form on the DLS website: https://www.mass.gov/forms/department-of-labor-standards-public-records-request

Massachusetts Department of Labor Standards • Workplace Safety and Health Program

Workplace Safety and Health Complaint Form

Complaint number (for office use) _____

Agency name (Please provide full name) _____

Site Address _____ Site phone _____

Mailing Address _____ Mail phone _____

Management Official for your department _____ Phone _____

Management Official for the Agency _____

Hazard description/location In the space below, 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.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

Would you like an inspector to contact you?

- ☐ Yes ☐ No

The Undersigned believes that a violation of the Occupational Safety or Health standard exists at the agency named on the form, and/or that the agency has not provided a place of employment free from recognized hazards.

(Mark "X" in **ONE** box)

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

Complainant name _____ Phone _____

Address (Street, City, State, Zip code) _____

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 _____