

## Whistleblower Complaint Form for Massachusetts Workplace Safety in the Public Sector

*All items marked with a red asterisk \* are required fields and must be completed.*

### Employer Information

\*Employer Name (please provide full name): \_\_\_\_\_

Name of the division you worked for (if applicable): \_\_\_\_\_

\*Street address of your work location: \_\_\_\_\_

\*Name and title of your supervisor: \_\_\_\_\_

Supervisor's Phone: \_\_\_\_\_

### Description of retaliation:

*\*Describe the adverse actions taken by your employer. Give dates and details about employer actions. Examples include: termination; discipline; demotion; reduced work hours; change of schedule; denial of benefits, failure to promote; harassment, or intimidation.*

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### Why do you believe that the employer's adverse action was related to workplace safety?

*\*Describe the health and safety activity you conducted that you think is connected to the adverse action that the employer took. Provide details about dates of your activity and employer actions. Examples include: filed a safety complaint with DLS; complained to management about unsafe conditions; reported an employee injury or accident; refused to perform an unsafe or illegal task; or participated in a DLS safety inspection. Give dates and details.*

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### What results are you seeking?

*\*Describe the specific relief you are seeking if the complaint is successful. Examples include: removal of discipline record; job reinstatement; back pay for suspension.*

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### Complainant's information

\*Complainant's name: \_\_\_\_\_

\*Complainant's phone: \_\_\_\_\_

\*Complainant's email: \_\_\_\_\_

Complainant's mailing address (street, city, state, zip code): \_\_\_\_\_

\*Complainant's signature: \_\_\_\_\_

\*Date signed: \_\_\_\_\_

Send this completed form to DLS by email: [safepublicworkplacemailbox@mass.gov](mailto:safepublicworkplacemailbox@mass.gov)