

# Public Employees Occupational Safety and Health Complaint Form

The State of New Jersey adopted the Public Employees Occupational Safety and Health (PEOSH) Act to ensure safe and healthful workplaces for New Jersey public employees.

Under the Public Employees Occupational Safety and Health Act (N.J.S.A. 34:6A-25 et seq.):

Any employee, group of employees or employee representative who believes that a violation of a health and safety standard exists, or that an imminent danger exists, may request an inspection by giving notice to the appropriate commissioner. The notice and request shall be in writing, shall set forth the grounds for the notice and shall be signed by the employee, a group of employees or employee representative.

The appropriate commissioner shall encourage any employee, group of employees or employee representative who believes that a violation of a health or safety standard exists, or that imminent danger exists, to report that violation or danger in the first instance to the employer's safety officer.

**NOTE:**

No person shall discharge, or otherwise discipline, or in any manner discriminate against any employee because of the exercise by such employee on behalf of himself or others of any right afforded by the Act.

Occupational safety and health complaints under the Public Employees Occupational Safety and Health (PEOSH) Act are investigated by two state agencies:

- The Department of Labor and Workforce Development handles complaints regarding **safety**.
- The Department of Health and Senior Services handles complaints regarding **health hazards**.

Please mail your **signed** complaint form to the appropriate agency. If you have any questions, please call. We will forward your complaint to the appropriate agency if you are uncertain as to which agency responds to your concerns.

Safety Complaints	Health Complaints
NJ Department of Labor & Workforce Development Office of Public Employees Safety P.O. Box 386 Trenton, NJ 08625-0386  Phone: (609) 292-7036 Fax: (609) 292-3749	NJ Department of Health & Senior Services PEOSH Program P.O. Box 360 Trenton, NJ 08625-0360  Phone: (609) 984-1863 Fax: (609) 984-2779

**State of New Jersey**  
**PUBLIC EMPLOYEES**  
**OCCUPATIONAL SAFETY AND HEALTH**  
**COMPLAINT**

STATE USE ONLY	
Complaint No.	Date Rec'd
Date Closed	Investigator Code
Completed By [ ] Complainant      [ ] Department	

1. Name of Employer	2. Telephone Number (      )
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3. Street Address (Mailing)	
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4. City, State, Zip Code	5. County
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6. Type (Check one)	
<input type="checkbox"/> State Agency <input type="checkbox"/> County <input type="checkbox"/> Municipality <input type="checkbox"/> School Board <input type="checkbox"/> Utility Authority <input type="checkbox"/> Other (Specify):	

7. Hazard Location/Name of Building (Specify building and exact location where alleged violation exists. Use separate form for each building.)	8. Floor and Room Number
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9. Street Address (Site)	
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10. City, State, Zip Code	11. County
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12. Name of Person(s) in Charge	13. Telephone Number (      )
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14. Briefly describe your complaint:	
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15. Approximate Number of Employees in Area	a. Are there employees who believe they have health problems related to the complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Number of employees experiencing symptoms?
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16. Type of work done in the area (i.e., clerical, maintenance, firefighter)	
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17. Materials handled (chemicals, cleaning compounds, etc.)	
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18a. To your knowledge, has there been a previous inspection related to the complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No	b. If Yes, by whom?
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c. Date Inspected	d. Outcome of Inspection
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State of New Jersey

STATE USE ONLY

Complaint No.

PUBLIC EMPLOYEES  
OCCUPATIONAL SAFETY AND HEALTH

COMPLAINT  
(Continued)

19. To your knowledge, has this complaint been the subject of any union/management grievance or have you (or anyone you know) otherwise called it to the attention of, or discussed it with, the employer or any representative thereof?

- Yes  No

If Yes, give the results thereof, including any efforts by management to correct the violation.

20. Name of Union	21. Local Number
22. Name of Employee Representative	23. Telephone Number ( )
24. Title	

THE INFORMATION BELOW WILL REMAIN CONFIDENTIAL UPON REQUEST

25. Please indicate your desire:

- DO NOT REVEAL MY NAME TO THE EMPLOYER. **OR**  MY NAME MAY BE REVEALED TO THE EMPLOYER.
- I WANT TO BE PRESENT WHEN THE INSPECTION IS CONDUCTED.

26. The complainant, whose signature appears below (check one):

- Employee
- Representative of Employees
- Employer
- Other (Specify):

27. Name of Complainant (Print or Type)	28. Signature (Required)	29. Date
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30. Street Address

31. City, State, Zip	32. County
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33. Telephone Number ( )	34. Best Time to Contact
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IF YOU ARE AN AUTHORIZED REPRESENTATIVE OF EMPLOYEES  
AFFECTED BY THIS COMPLAINT, COMPLETE THE FOLLOWING:

35. Name of Organization

36. Your Organization Title