

**DISCRIMINATION COMPLAINT FORM
 (Continued)**

Why did the employer take this action (in your opinion)?	
Have You Filed Your Complaint With Another Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	If So, Which Agency Have You Contacted?

I CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS THE TRUTH TO THE BEST OF MY KNOWLEDGE.

Print Name	Date	Signature
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MAIL COMPLETED FORM TO: **OFFICE OF PUBLIC EMPLOYEES' SAFETY**
 P.O. BOX 386
 TRENTON, NEW JERSEY 08625-0386
 Phone: (609) 292-7036; Fax: (609) 292-3749
 Hotline: **(1-800) 624-1644**

Your Rights under the Safety and Health Procedural Standards Are:

12:110-7.2 Employer responsibility and employee rights

- (a) No employer or person shall discharge or in any manner discriminate against any employee because the employee has directly or indirectly: 1. Filed any complaint under or related to the Act with the employer, the Commissioner of Labor and Workforce Development or the Commissioner of Health and Senior Services or any other State or local agency. Such complaints shall relate to conditions at the workplace as distinguished from complaints touching upon general public safety and health issues; 2. Requested an inspection; 3. Instituted or caused to be instituted any proceeding under or related to the Act including, but not limited to, petitioning for promulgation of an occupational safety or health standard, applying for modification or revocation of a variance, appealing to the Commissioner of Labor and Workforce Development from an element of an Order to Comply or filing a judicial challenge to any standard or Order; 4. Testified or is about to testify in any proceeding under or related to the Act; 5. Made or provided any statement related to safety or health conditions at the workplace in the course of judicial or quasi-judicial, legislative, rulemaking or adjudicative proceedings or during an inspection or investigation of workplace safety or health issues by any public or private body; 6. Participated as a party in enforcement proceeding under the Act; 7. Requested information or advice from the Department of Labor and Workforce Development or the Department of Health and Senior Services; 8. Exercised on his or her own behalf or on behalf of others any right afforded by the Act.

- (b) Any employee who believes that he or she had been discharged, disciplined or otherwise discriminated against by any person in violation of this section may, within 180 days after the employee first had knowledge or should reasonably have known that such violation did occur, file a complaint with the Commissioner alleging that discrimination.