

# WEST VIRGINIA DIVISION OF LABOR

1900 Kanawha Boulevard East - State Capitol Complex - Building 3, Room 200 - Charleston, WV 25305



## STATE OCCUPATIONAL SAFETY AND HEALTH COMPLAINT

PLEASE TYPE OR PRINT LEGIBLY

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

AGENCY/EMPLOYER TO BE INVESTIGATED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

AGENCY/EMPLOYER CONTACT NAME AND TITLE: \_\_\_\_\_

DO YOU STILL WORK FOR THIS AGENCY/EMPLOYER? \_\_\_\_\_

HAVE YOU DISCUSSED YOUR COMPLAINT WITH YOUR SUPERVISOR? \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

WHAT WAS THE OUTCOME? \_\_\_\_\_

BRIEFLY STATE COMPLAINT (IF MORE SPACE IS NEEDED, PLEASE ATTACH A SEPARATE PAGE):

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In accordance with § 21-3A-8 (f) (1) of the West Virginia Code, any information relating to the identity of the complainant or other individual employees named in the complaint shall not appear in the copy (of the complaint provided to the agency) or any record published, released or made available.

Signature (required) \_\_\_\_\_

Email: [Safety@wv.gov](mailto:Safety@wv.gov) - Fax: (304)558-2415 - Telephone: (304)558-7890 - Website: [labor.wv.gov](http://labor.wv.gov)