

Iowa Division of Labor
OSHA Enforcement
 150 Des Moines Street
 Des Moines, IA 50309-1836
 Phone: 515-725-5660
 Fax: 515-725-2024
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oshacomplaints@iwd.iowa.gov

FOR OFFICE USE ONLY				
Formal	Non-Formal	Close:	Yes	No
Diary sheet updated:	Yes	No	Database updated:	Yes
			No	No
Complaint#:	Case file #:			
CSHO:	NAICS:	Transferred:	Yes	No

Complaint Form

Instructions:

To file a complaint about a workplace safety or health issue, send this completed form and any attachment to the address above. If you need more space you may continue on another page.

It is illegal for an employer to retaliate against an employee who files an Iowa OSHA complaint. It is illegal to make a false statement on this complaint form.

Do NOT reveal my name to the employer

My name may be revealed to the employer

Employer name		Business type		Management official	
Site address		City		State	Zip
Mailing address		Same as site address		City	State
Phone number		Fax number		Email address	
Describe violation of OSHA standard			Location		# exposed
This condition has been brought to the attention of: Employer Other Agency (specify):					
Which best describes you: Current employee Former employee Employee representative					
Other (specify): _____					
Your name		Email		Phone number	
Address		City		State	Zip

I certify that the information on this form and the attachments (if any) is true and accurate to the best of my knowledge

Signature	Date
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Complete this section if you are an authorized representative of the affected employee

Organization	Name	Title
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