

Notice of Alleged Safety or Health Hazards

Employees or employee representatives may use this form to file a safety or health hazard complaint with the New York State Department of Labor. It is not the only means that a complaint may be registered.

Section 27a (5) (a) of the Public Employees Safety and Health Act of 1980 states:

“Any employee or representative of employees who believes that a violation of a safety or health standard exists, or that an imminent danger exists, may request an inspection by giving notice to the commissioner (of Labor) of such violation or danger.

Such notice and request shall be in writing, shall set forth with reasonable particularity the grounds for the notice, **shall be signed by such employee or representative of employees**, and a copy shall be provided by the commissioner to the employer or the person in charge no later than the time of inspection, except that on request of the person giving such notice, his name and the names of individual employees or representatives of employees shall be withheld. Such inspections shall be made forthwith.”

If the Commissioner of Labor determines there are no reasonable grounds to believe a violation or danger exists, you will be notified in writing.

Note: Section 27a (10) (a) of the Act provides explicit protection for employees exercising their rights, including making safety and health complaints.

For more information go to: https://labor.ny.gov/workerprotection/safetyhealth/DOSH_PESH.shtm.

Instructions:

- Complete the form as accurately and completely as possible. Describe in detail each hazard you think exists.
- If there is any evidence that supports your suspicion that a hazard exists, include it in your description (for instance, a recent accident or physical symptoms of employees at your site).
- Use additional sheets of paper as needed.
- Email the completed and signed form to ask.shnypesh@labor.ny.gov, or fax or mail it to the nearest Division of Safety and Health (DOSH) District Office listed below. Address it to the attention of the:

Public Employee Safety and Health Bureau (PESH)

Albany District Office

1220 Washington Ave.
Building 12, Room 158
Albany, NY 12226
Phone: (518) 457-5508
Fax: (518) 485-1150

Garden City District Office

400 Oak Street, Suite 102
Garden City, New York 11530-6551
Phone: (516) 228-3970
Fax: (516) 794-7714

Syracuse District Office

450 South Salina Street, Room 202
Syracuse, New York 13202
Phone: (315) 479-3212
Fax: (315) 479-3451

Binghamton District Office

44 Hawley Street, Room 901
Binghamton, New York 13901
Phone: (607) 721-8211
Fax: (607) 721-8207

New York City District Office

PO Box 15047
Albany NY, 12212
Phone: (212) 775-3554
Fax: (212) 775-3542

Utica District Office

207 Genesee Street, Room 703A
Utica, New York 13501
Phone: (315) 793-2258
Fax: (315) 793-2303

Buffalo District Office

65 Court Street, Room 401
Buffalo, New York 14202
Phone: (716) 847-7133
Fax: (716) 847-7108

Rochester District Office

109 South Union Street, Room 402
Rochester, New York 14607
Phone: (585) 258-4570
Fax: (585) 258-4593

White Plains District Office

120 Bloomingdale Road, Room 255
White Plains, New York 10605
Phone: (914) 997-9514
Fax: (914) 997-9528

Official Use Only
Complaint Number: _____

Notice of Alleged Safety or Health Hazards

Establishment Name: _____

Site Address: Street _____

City: _____ State: _____ Zip: _____

Site Phone: (____) ____ - ____ Site Fax: (____) ____ - ____

Mailing Address: Street _____

City: _____ State: _____ Zip: _____

Mail Phone: (____) ____ - ____ Mail Fax: (____) ____ - ____

Management Official: _____ Phone: (____) ____ - ____

Type of Business: _____

Hazard Description and Location: Describe the danger(s) which you believe exist. Be specific and give details. Include the physical location of the alleged danger. Include the street, city, state, zip in the location, the specific area inside or outside of the site, and approximate number of employees exposed to or threatened by each hazard. Use additional sheets if needed.

This condition has been brought to the attention of: the Employer a Government Agency, other than the Department of Labor. Agency name: _____

Complainant's Name (Required): _____

Choose one: Do NOT reveal complainant's name to the employer.

Complainant's name may be revealed to the employer.

Complainant's Home Address (Required): Street: _____

City: _____ State: _____ Zip: _____

Phone (Required): (____) ____ - ____ Email: _____

I, the complainant signed below, believe that job safety or health hazard(s) exists at the establishment named in this form. I am:

an Employee

an Employees' (Union) Representative. Please enter the name of the union or organization you represent: _____

Your title: _____

a Safety and Health Committee member

Other, specify: _____

Signature (Required):

Date: ___ / ___ / ___