

Safety, Health, and Essential Rights Complaint Form

You may submit this form to the address above or email it to SHER@labor.ny.gov.

Please use this form to file a complaint regarding any of the following areas:

- New York State Labor Law Article 21-A requires employers at warehouses and distribution centers (of a certain size and within certain NAICS codes) to provide work speed data to employees, inform them if they are subject to a work quota, and provide other related information. It also requires that the employer establish and implement an “injury reduction program.”
- New York State Labor Law Section 27-c requires public employers (ex. State, City, Town, County) to adopt a plan for operations, employee protection in the event of a declared public health emergency involving a communicable disease or other natural or man-made event that disrupts normal operating procedures and delays services to be provided to the public. Federal entities and schools are not covered employers.
- New York State Labor Law Section 27-d requires a private sector employer to permit employees to create a workplace safety committee.
- New York State Labor Law Section 27-e requires employers of retail stores (a store that sells consumer commodities at retail and which is NOT primarily engaged in the sale of food for consumption on the premises) that employs 10 or more employees to adopt or develop a workplace violence prevention policy, provide it to employees, and train employees on the prevention of workplace violence.
- New York State Labor Law Section 218-b, the requirement for Airborne Infectious Disease Exposure Prevention Plan Law, protects private sector employees against exposure and disease during a future airborne infectious disease outbreak by requiring an Airborne Infectious Disease Exposure Prevention Plan (AIDEPP) be developed and adopted.

I am filing a complaint because:

I work in a warehouse distribution center that falls in one of the following NAICS codes: 493 (except 493130 - Farm Product Warehousing and Storage), 423, 424, 454110 or 492110 and my employer either has 100 employees at one location or 1,000 employees at warehouses within New York State.

My employer does not have an “injury reduction program” to identify and minimize the risks of musculoskeletal injuries and disorders among workers involved in performing “manual materials handling tasks.”

I am subject to a quota and was not made aware of it in writing by my employer.

I work in the public sector (not for employees of Federal entities or public schools) and my workplace does not have a written plan for operations in the event of a declared public health emergency.

I work in the private sector (non-governmental) and my employer is not permitting a workplace safety committee to be formed or meet to discuss workplace safety issues.

I work for a retail store (a store that sells consumer commodities at retail and which is not primarily engaged in the sale of food for consumption on the premises) and my employer does not have a workplace violence prevention policy and/or I have not been provided the policy and/or I have not been trained on workplace violence prevention.

I work in the private sector (not for employees of Federal entities or public schools) and my workplace does not have controls in place to protect me from airborne infectious disease exposure.

For all complaints, please answer questions 1 – 45, in Parts 1 – 5. For complaints regarding:

- Airborne Infectious Disease Exposure Prevention Plan, answer questions 46-50 (Part 6).
- Workplace Safety Committee, answer questions 51-58 (Part 7).
- Emergency Preparedness Plans for Public Employers, answer questions 59-62 (Part 8)..
- Retail Worker Safety, answer questions 63-67 (Part 9).
- Warehouse Worker Protection & Injury Reduction Program, answer questions 68-84 (Part 10).

Part 1 – Complainant Contact Information. This section must be filled out for all types of complaints.

1. First Name: _____
2. Middle Name: _____
3. Last Name: _____
4. Nickname at Work: _____
5. Home Mailing Address:
 - a. Number: _____
 - b. Street: _____
 - c. Floor/RM/Suite#: _____
 - d. City/Town: _____
 - e. State: _____
 - f. Zip code: _____
6. Phone (primary): (____) ____ - ____
7. Phone (other): (____) ____ - ____
8. Email Address: _____
9. Preferred/Primary Language: _____

Part 2 – Advocate Information (If Applicable)

10. Name: _____
11. Title: _____
12. Organization: _____
13. Address:
 - a. Number: _____
 - b. Street: _____
 - c. Floor/RM/Suite#: _____
 - d. City/Town: _____
 - e. County: _____
 - f. State: _____
 - g. Zip code: _____
14. Phone: (____) ____ - ____
15. Email Address: _____

Part 3 – Employer Information. This section must be filled out for all types of complaints.

16. Business Name: _____

17. Number of Employees: _____

18. Legal Name (if different): _____

19. Legal Entity Type (if known):

- Individual
- LLC
- Partnership
- Corporation
- Government Entity
- Other

20. Mailing Address:

- a. Number: _____
- b. Street: _____
- c. Floor/RM/Suite#: _____
- d. City/Town: _____
- e. County: _____
- f. State: _____
- g. Zip code: _____

21. Business Phone: (____) ____ - ____

22. Business Email: _____

23. Owner's Name and Title: _____

24. Owner's Mailing Address:

- a. Number: _____
- b. Street: _____
- c. Apt#: _____
- d. City/Town: _____
- e. County: _____
- f. State: _____
- g. Zip code: _____

25. Owner's Phone: (____) ____ - ____

26. Owner's Email: _____

Part 4 – Employment Information. This section must be filled out for all types of complaints.

27. Job Title: _____

28. Type of work you performed:

29. Date hired: ____ / ____ / _____

30. Name and title of person who hired you: _____

31. Name of your manager/supervisor/foreperson: _____

32. Name of HR/Payroll Representative: _____

33. Worksite Address:

a. Number: _____

b. Street: _____

c. Apt#: _____

d. City/Town: _____

e. County: _____

f. State: _____

g. Zip code: _____

34. Did you regularly travel outside New York State for work? Yes No

35. Current Relationship with business:

Still employed

Terminated

Quit

Temporarily laid off

Laid off

36. Last day worked (*if applicable): ____ / ____ / _____

37. Were you a member of a union? Yes No

If yes, union name and Local No.: _____

Part 5 – Pay Information. This section must be filled out for all types of complaints.

38. Your Rate of Pay: \$ _____
 per Day Week Hour Other

39. Your overtime rate of pay: _____

40. Did you earn tips on a regular basis: Yes No

41. If "Yes" how much on average per hour: _____

42. What is/was your payday:
 Monday Tuesday Wednesday
 Thursday Friday Saturday Sunday

43. What period did this cover? (E.g., Sat through Fri) _____

44. How often are/were you paid?
 Daily
 Weekly
 Every two weeks
 Other

45. How are/were your wages paid?
 Cash
 Check
 Direct Deposit
 Pay Card
 Combination

Please fill out your regular work schedule

Workday	Time Workday Started	Time Workday Ended	Time off for Meals	Total hours
Example	10:00 AM	11:00 PM	30 Minutes	12.5 hours
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Total Weekly Hours:				

If you were fired, have you been re-hired elsewhere? When?

If you were fired, are you interested in pursuing re-instatement?

Part 6 – Airborne Infectious Disease Exposure Prevention Plan (AIDEPP) Concerns

Please answer questions 46-50 if your complaint involves a concern about the lack of or a non-compliant airborne infectious disease plan at your workplace.

46. Does your employer have an Airborne Infectious Disease Exposure Prevention Plan?

Yes No

47. Is the plan available for employee review?

Yes No

48. Do you feel as though the plan is adequate and appropriate?

Yes No

49. How are employees made aware of the plan?

50. Please describe your complaint in detail and add any relevant information.

[There is additional space on Page 9 if needed].

Part 7 – Workplace Safety Committee (WPSC)

Please answer questions 51-58 if your complaint is in regard to your employer not allowing a workplace safety committee or the existing committee is non-compliant.

51. Was there an attempt to create a WPSC made by employees?

Yes No

52. Was a written request submitted to the employer (or representative) by at least 2 non-supervisory employees? (You will be asked to provide a copy)

Yes No

53. When was it submitted and to whom? (name, phone number and title)

54. Did your employer respond to or acknowledge the request? (with reasonable promptness)

55. If so, when did they respond and how? What did they say? Was the response in writing?

(you will be asked for a copy)

56. If the employer did acknowledge the request, did the employer provide notice to all employees advising of the committee formation? (within 5 days of the request) Yes No

57. Did the employer interfere with the selection of the non-supervisory employees for the safety committee?

Yes No

58. Please describe your complaint in detail and add any relevant information.

[There is additional space on Page 9 if needed].

Part 8 – Emergency Preparedness Law (EPL) (public sector employment)

Please answer questions 59-62 if you are a public employee (Federal and School employees are exempt) and your complaint is regarding the lack of or a non-complaint continuity of operations plan for your workplace.

- 59. Does your public employer have a plan to continue operations during a public health crisis or other emergency (natural or man-made)? Yes No
- 60. Does the plan include protections for employees including providing personal protective equipment, staggered shifts, telecommuting options and increased cleaning schedules for common areas if possible? Yes No
- 61. Is the plan available for employee review? Yes No
- 62. Please describe your complaint in detail and add any relevant information.
[There is additional space on Page 9 if needed].

Part 9 – Retail Worker Safety

Please answer questions 63-67 if you work for a retail store (a store that sells consumer commodities at retail and which is NOT primarily engaged in the sale of food for consumption on the premises) and your employer does not have a workplace violence prevention policy, you have not been provided the policy, and/or you have not been trained on workplace violence prevention.

- 63. Has your employer adopted or developed a workplace violence prevention policy? Yes No
- 64. If yes, was the policy provided in writing to employees? Yes No
- 65. Have you been required to attend a training on preventing workplace violence in your specific work location and for your specific job function(s) Yes No
- 66. Does your employer have a reporting system or method for employees to report workplace violence incidents or concerns to the employer? Yes No
- 67. Please describe your complaint in detail and add any relevant information.
[There is additional space on Page 9 in needed]

Part 10a – Warehouse Worker Protection

Please answer questions 68-80, and 84, if you work or worked at a warehouse or distribution center (that employs either 100+ employees at 1 location in NYS or over 1000 employees statewide) and you have a concern or complaint related to your employer’s “injury reduction program,” or lack thereof.

- 68. Does your job involve performing manual material handling tasks, such as carrying, lifting, lowering, pushing, pulling? Yes No
- 69. Does your employer have an injury reduction program? Yes No
- 70. Do you have a concern or issue with your employer’s injury reduction program? Yes No
If yes, please explain.

- 71. Have you been notified in writing of the results of your employer’s “injury reduction program’s” worksite evaluation? Yes No
- 72. Does your employer maintain copies of injury reduction program worksite evaluations within the warehouse and make those copies available to employees? Yes No
- 73. Have you, or any representative on your behalf, requested a copy of an injury reduction program worksite evaluation? Yes No
- 74. Do you have a copy of your employer’s injury reduction program worksite evaluations? Yes No
- 75. Does your warehouse have an employee-led workplace safety committee? Yes No
- 76. Are you a member of an employee-led workplace safety committee? Yes No
- 77. Have you received injury reduction training (and was this training provided in a language and vocabulary that you understood)? Yes No
- 78. When was the most recent time you received the training? ____ / ____ / ____
- 79. Does your warehouse have an onsite medical or first aid provider? Yes No
- 80. Have you received any medical treatment or care for injuries sustained in the course of your job duties?
Yes No

Part 10b – Warehouse Worker Protection

Please answer questions 81-84 if you work at a warehouse or distribution center (that employs either 100+ employees at 1 location in NYS or over 1000 employees statewide) and you were subject to a quota and not notified.

- 81. Has your employer imposed a quota on your work output? Yes No
- 82. If yes, has your employer provided the information about the quota criteria in writing? Yes No
- 83. Does meeting the quota cause you to miss your lunch or breaktimes? Yes No
- 84. Please describe your complaint in detail and add any relevant information.
[Additional space on Page 9 if needed].

