

WHISTLEBLOWER COMPLAINT FORM

**Iowa Division of Labor
OSHA Enforcement**

Mailing address: 1000 East Grand Avenue, Des Moines, IA 50319-0209
 Physical address: 150 Des Moines Street, Des Moines, IA 50309 (FedEx/UPS)
 Phone: 515-725-5603 | Fax: 515-281-7995
www.iowaosha.gov | wb@iwd.iowa.gov

FOR OFFICE USE ONLY			
Filing Date			
Sent By			
Date	Time		
Investigation Planned	Yes	No	
Investigation Number			

Complainant name		I am: employee Employee representative Other:	
Mailing address		City	State Zip
Home phone	Mobile phone	Email	
Date of hire	Job title	Union representative	
Preferred method of contact: Email Phone Text Mail		Preferred contact time:	Other
Employer name			
Mailing address		City	State Zip
Site address <small>Same as mailing address</small>		City	State Zip
Phone number	Fax number	Email	
Supervisor name		Supervisor job title	
Type of business	Who was responsible for the alleged retaliation?	Job title	
Type of retaliation	Other retaliation	Date action was taken	
What reasons were you given for the actions?			
Why do you believe these actions were taken?			
Have you filed previous complaints against this employer? Yes No		If Yes, what was the complaint number?	Date filed
Have you taken any other actions to appeal, grieve or report this matter? Yes No		If Yes, to whom?	Date filed
Comments			
Signature		Date	