Iowa Division of Labor
OSHA Enforcement
150 Des Moines Street
Des Moines, IA 50309-1836
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Fax: 515-725-2024
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FOR OFFICE USE ONLY	
☐ Formal ☐ Non-Formal	Close: ☐ Yes ☐ No
Diary sheet updated: ☐ Yes ☐ No	Database updated: ☐ Yes ☐ 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	Zip
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

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

Organization	Name	Title

Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities.
For deaf and hard of hearing, use Relay 711.