



Notice of Alleged Safety or Health Hazards

<p>For the General Public:</p> <p>This form is provided for the assistance of any complainant and is not intended to constitute the exclusive means by which a complaint may be registered with the New York State Department of Labor.</p> <p>Section 27a(5)(a) of the Public Employees Safety and Health Act of 1980 provides as follows: "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 that a violation or danger exists, the Commissioner shall notify the employees or representative of the employees in writing of such determination.</p> <p>NOTE: Section 27a (10)(a) of the Act provides explicit protection for employees exercising their rights, including making safety and health complaints.</p>

<p>INSTRUCTIONS:</p> <p>Complete as accurately and completely as possible. Describe each hazard you think exists in as much detail as you can. If the hazards described in your complaint are not all in the same area, please identify where each hazard can be found at the worksite. If there is any particular evidence that supports your suspicion that a hazard exists (for instance, a recent accident or physical symptoms of employees at your site) include the information in your description. If you need more space than is provided on the form, continue on any other sheet of paper.</p> <p>After you have completed the form, return it to nearest DOSH district office listed below:</p>

DIVISION OF SAFETY AND HEALTH DISTRICT OFFICES

PUBLIC EMPLOYEE SAFETY AND HEALTH BUREAU

<p>ALBANY 12240 State Office Campus Bldg. #12 Rm 158 Tel: (518) 457-5508 FAX: (518) 485-1150</p>	<p>BINGHAMTON 12091 44 Hawley Street - Rm 901 Tel: (607) 721-8211 FAX: (607) 721-8207</p>	<p>BUFFALO 14202 65 Court St - Rm 400 Tel: (716) 847-7133 FAX: (716) 847-7108</p>
<p>GARDEN CITY 11530-6551 400 Oak Street - Suite 101 Tel: (516) 228-3970 FAX: (516) 794-7714</p>	<p>NEW YORK CITY 75 Varick St. (7th Floor) New York, NY 10013 Tel: (212) 775-3548 FAX: (212) 775-3542</p>	<p>ROCHESTER 14607 109 S. Union St. - Rm 402 Tel: (585) 258-4570 FAX: (585) 258-4593</p>
<p>SYRACUSE 13202 450 S. Salina St. - Rm 401 Tel: (315) 479-3212 FAX: (315) 479-3451</p>	<p>UTICA 13501 207 Genessee St - Rm 703A Tel: (315) 793-2258 FAX: (315) 793-2303</p>	<p>WHITE PLAINS 10605 120 Bloomingdale Rd. - Rm. 255 Tel: (914) 997-9514 FAX: (914) 997-9528</p>

