**Maryland Occupational Safety and Health (MOSH) – Complaint Procedures/Form**

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| **INSTRUCTIONS:** |
| This form is provided for use in filing a complaint with the Maryland Occupational Safety and Health (MOSH) program. An employee or authorized representative of employees may file a complaint if the employee or representative believes in good faith that there is an imminent danger to an employee or that because of a violation of an occupational safety and health standard there is a threat of physical harm to an employee. The complaint **must be in writing** and **must be signed**.  Maryland law provides that a **current employee** or authorized representative of employees may request that his or her name not be disclosed in connection with a complaint.  To file a complaint, print the form and complete it as accurately as possible. Describe each hazard in as much detail as you can. If the hazards you describe are not all in one area, identify the location of each hazard individually. If specific evidence, such as recent accident or physical symptoms at the worksite supports your belief that a hazard exists, include that information in your description. If you need more space than that provided on the form, continue on any other sheet of paper.  After completing the form, you may **fax, mail, or scan and email** to: Maryland Department of Labor **Division of Labor and Industry**  **Maryland Occupational Safety and Health (MOSH)**  **10946 Golden West Drive, Suite 160**  **Hunt Valley, Maryland 21031**  If you have further questions please contact:  **Rachel Grayson (410) 527-2094**  **FAX (410) 527-4481**  **EMAIL: mosh.complaints@maryland.gov**  When MOSH receives your complaint, the hazards you describe will be evaluated to determine whether an inspection is appropriate. If additional information is needed, we will attempt to contact you by telephone. MOSH also will provide you with a response in writing, so please be sure your complete name, address, and email are printed clearly and correctly.  Thank you for your interest in occupational safety and health. |
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| Complaint Number  (For MOSH Use Only) | | |  | |
| Company Name | | |  | |
| *Company Mailing Address* | | |  | |
| Worksite Location (*if different from mailing address*) | | |  | |
| Company Telephone Number | | |  | |
| Management Official in Charge | | |  | |
| Type of Business | | |  | |
| **Description of occupational safety or health hazard.** *Describe each occupational safety or health hazard to which you believe employees are exposed. Indicate the approximate number of employees exposed to or threatened by each hazard. Use additional pages if necessary to provide complete information.* | | | | |
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| **Hazard location.** *Identify the specific building, room, or worksite where each alleged hazard is located.* | | | | |
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| This condition has been brought to the attention of: | | 🞐 Employer 🞐 Other government agency (specify) | | |
| The undersigned complainant is: | | 🞐 Current employee 🞐 Employer 🞐 Former Employee  🞐 Authorized representative of employees (*you* ***must*** *indicate the organization and your title*) | | |
| For **current employee** or **authorized representative of employees ONLY:** | | 🞐 Do not reveal my name to the employer  🞐 You may reveal my name to the employer | | |
| Complainant’s name | |  | | |
| Home Telephone Number | |  | | |
| Home Address | |  | | |
| Email address | |  | | |
| ***I believe that a violation of an occupational safety or health standard exists at the establishment indicated above, and that because of the violation there is a threat of physical harm to an employee.*** | | | | |
| **Signature (REQUIRED):** | | | **Date (REQUIRED):** | |
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