NOTICE OF ALLEGED SAFETY OR HEALTH HAZARDS

Date:	Complaint Number:			
EMPLOYER INFORMATION				
Employer Name	Telephone Number			
Type of Business	Fax Number			
Site Location (Street, City, State, ZIP)				
Mailing Address (if known)(Street, City, State, ZIP)				
Management Official				
Hazard Description				
Describe briefly the hazard(s) that you believe exist. Include the approximate number of employees exposed to or threatened by each hazard:				
Hazard Location				
Specify the particular building or worksite where the alleged violation exists:				

This condition been brought to the attention of (mark an "X" in all that apply):					
☐ Employer ☐ Other Governmental Agency (Specify):					
Please indicate you	ır desire:				
DO NOT revea	 ☐ DO NOT reveal my name to the Employer. ☐ My name may be revealed to the Employer 				
I, the undersigned, am a/an for the company identified above and I believe that a violation or violations of Occupational Safety and Health standards exist that present a hazard to the safety or health of employees at the establishment or worksite named on this form.					
☐ Current Empl	oyee				
Exposed Emp	Exposed Employee (of another employer) Employee's (Immediate) Family Member				
Employee Representative (If you are an authorized representative of employees affected by this complaint, please state the name of your organization your title:)					
Organization Nam	:: Title:				
AS18.60.095 (f) states that a person who knowingly makes a false statement, representation, or certification in an application, record, report, plan, or other document filed or required to be maintained under SS 10-105 of this chapter, upon conviction, is guilty of a Class A misdemeanor which is punishable by a fine of not more than \$10,000.00 or by imprisonment for not more than one (1) year, or both. By signing below, I understand that my signature is testament to the fact that I understand that making false or misleading statements on this form is in violation of Alaska Statute (AS) 18.60.095 (f).					
Complainant Name (please print clearly)		Telephone Number			
Address (Street, City, State, Zip)		Other Contact Number			
Signature			Date		
OFFICIAL USE ONLY					
Complaint Evaluation	Evaluated by:	Subject and Severity:			
	Is this a valid complaint?	Discrimination? YES NO Imminent Danger Serious Other Safety Health			
	☐ Investigation (Phone/Fax)	Letter Sent			
☐ Inspection (Onsite) Assigned to: by:					
☐ No Inspection (for invalid complaints):					
Complaint Action	☐ Too Vague or Unsubstantiated ☐ No Imminent Danger or No Standard				
	☐ Not in AKOSH Jurisdiction	☐ Not Enough Information to Evaluate			
	☐ No Direct Relationship to S&H	Recent Inspection or Objective Evidence (Date of Inspection:)			
Comments					