

# Complaint of Alleged Safety or Health Discrimination

Kentucky Education and Labor Cabinet  
Department of Workplace Standards  
Division of Occupational Safety and Health Compliance

---

## FOR THE GENERAL PUBLIC

This form is provided for the assistance of any complaint and is not intended to constitute the exclusive means by which a complaint may be registered with the Kentucky Labor Cabinet

### **KRS Chapter 338.121 (Relating to prohibition of discrimination against employees) provides as follows:**

(3) No person shall discharge or in any manner discriminate against any employee because such employee has filed any complaint or instituted or caused to be instituted any proceeding under or related to this chapter or has testified or is about to testify in any such proceeding or because of the exercise by such employee on behalf of himself or herself or others of any right afforded by this chapter; and

(b) Any employee who believes that he or she has been discharged or otherwise discriminated against by any person in violation of this subsection may, within a reasonable time after such violation occurs, file a complaint with the commissioner alleging such discrimination. Upon receipt of such complaint, the commissioner shall cause such investigation to be made as deemed appropriate. If upon such investigation, the commissioner determines that the provisions of this subsection have been violated, he or she shall issue a citation to the employer which may be challenged or contested in accordance with the provisions of this chapter and the review commission may order all appropriate relief including rehiring and reinstatement of the employee to his or her former position with back pay. Upon an initial determination by the commissioner that an employee has been discharged by an employer in violation of subsection (3)(a) of this section, the secretary of the Labor Cabinet may order reinstatement of the employee pending a final determination and order of the review commission.

**Effective:** July 15, 2010

**History:** Amended 2010, Ky. Acts ch. 24, sec. 1758, effective July 15, 2010. --Amended 1992 Ky. Acts ch. 134, sec. 1, effective July 14, 1992. -- Amended 1986 Ky. Acts ch. 177, sec. 1, effective July 15, 1986. -- Created 1972 Ky. Acts ch. 251, sec. 13.

## **INSTRUCTIONS:**

Open the form and complete items 1 through 26 as accurately and completely as possible. If you need more space than is provided on the form, please continue on another sheet of paper.

After you have completed the form, return it to:

**Kentucky Education and Labor Cabinet  
Department of Workplace Standards  
Division of Occupational Safety and Health Compliance  
500 Mero Street – 3<sup>rd</sup> Floor  
Frankfort, KY 40601**

# Complaint of Alleged Safety or Health Discrimination

Kentucky Education and Labor Cabinet  
Department of Workplace Standards  
Division of Occupational Safety and Health Compliance

---

## PART ONE – COMPLAINANT INFORMATION

1 Complainant Name (Type or Print)

2 Telephone Number

3 Mailing Address

4 Email Address

5 Date of Hire

## PART TWO – EMPLOYER INFORMATION

6 Employer Name (Type or Print)

7 Telephone Number

8 Physical Address

9 Mailing Address (if different)

10 Type of Business

11 Number of Employees

12 Are you currently employed here?  Yes  No

If “No” what was your last day worked? \_\_\_\_\_

13 Pay Rate

14 Position you Hold / Held

15 Name of Immediate Supervisor

16 Is this where the discrimination occurred?  Yes  No

If “No” where did the discrimination occur? \_\_\_\_\_

17 Union or non-union?  Union  Non-union

\_\_\_\_\_  
Name of Union

\_\_\_\_\_  
Mailing Address

# Complaint of Alleged Safety or Health Discrimination

Kentucky Education and Labor Cabinet  
Department of Workplace Standards  
Division of Occupational Safety and Health Compliance

---

## PART THREE – DISCRIMINATION DESCRIPTION

18 Describe the safety or health complaint that you made (or the activity in which you were involved). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19 On what date did you make the safety/health complaint or participate in the protected activity? \_\_\_\_\_

20 Who did you complain to, and what was their position title? \_\_\_\_\_

21 Describe the adverse action that was taken against you and the date(s) that it occurred. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22 Please list any witnesses to items 18-21. \_\_\_\_\_  
\_\_\_\_\_

23 If not already mentioned above, please describe why you believe you have been discriminated against. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PART FOUR – SIGNATURE

\_\_\_\_\_  
24 Signature

\_\_\_\_\_  
26 Date

26 I am...

...the complainant

...an authorized representative of employees affected by this complaint.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Organization Name

...a KY OSH representative; this complaint was taken by phone on \_\_\_\_\_.