

Complaint of Alleged Safety or Health Discrimination

Kentucky 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) (a) 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 others of any right afforded by this chapter; and

(b) Any employee who believes that he 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 shall issue a citation to the employee 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 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 may order reinstatement of the employee pending a final determination and order of the review commission.

Effective: July 14, 1992

History: Amended 1992 Ky. Acts ch. 134, sec I

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

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PART ONE – COMPLAINANT INFORMATION

1 Your 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

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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 _____.