

New York State Public Employees Federation, AFL-CIO

1168-70 Troy-Schenectady Road, PO Box 12414, Albany, NY 12212-2414
(800)342-4306 x254 or (518)785-1900 x254



PESH Complaint

INSTRUCTIONS:

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.

After you have completed the form, return it to nearest DOSH district office listed below and also be sure to send a copy to the PEF Health & Safety Department at the address above:

DIVISION OF SAFETY AND HEALTH DISTRICT OFFICES

PUBLIC EMPLOYEE SAFETY AND HEALTH BUREAU

ALBANY 12240
State Office Campus Bldg. #12
Rm 158
Tel: (518) 457-5508
FAX: (518) 485-1150

BINGHAMTON 12091
44 Hawley Street - Rm 901
Tel: (607) 721-8211
FAX: (607) 721-8207

BUFFALO 14202
65 Court St - Rm 400
Tel: (716) 847-7133
FAX: (716) 847-7108

GARDEN CITY 11530-6551
400 Oak Street - Suite 101
Tel: (516) 228-3970
FAX: (516) 794-7714

NEW YORK CITY
75 Varick St. (7th Floor)
New York, NY 10013
Tel: (212) 775-3548
FAX: (212) 775-3542

ROCHESTER 14607
109 S. Union St. - Rm 402
Tel: (585) 258-4570
FAX: (585) 258-4593

SYRACUSE 13202
450 S. Salina St. - Rm 401
Tel : (315) 479-3212
FAX: (315) 479-3451

UTICA 13501
207 Genessee St - Rm 703A
Tel: (315) 793-2258
FAX: (315) 793-2303

WHITE PLAINS 10605
120 Bloomingdale Rd. - Rm. 255
Tel: (914) 997-9514
FAX: (914) 997-9528

Notice of Alleged Safety or Health Hazards

Complaint Number

Establishment Name			
Site Address			
	Site Phone		Site FAX
Mailing Address			
	Mail Phone		Mail FAX
Name of Worksite Manager		Telephone	
Type of Business			

HAZARD DESCRIPTION/LOCATION. Describe the hazard(s) which you believe exist (be specific). Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists. Use additional sheets if necessary.

Has this condition been brought to the attention of:	<input type="checkbox"/> Employer <input type="checkbox"/> Other Government Agency(specify)
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Please Indicate Your Desire:	<input type="checkbox"/> Do NOT reveal my name to my Employer <input type="checkbox"/> My name may be revealed to the Employer
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The Undersigned believes that a violation of an Occupational Safety or Health standard exists which is a job safety or health hazard at the establishment named on this form.	(Mark "X" in ONE box) <input type="checkbox"/> Employee <input type="checkbox"/> Representative of Employees <input type="checkbox"/> Other (specify) _____
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Complainant Name		Telephone	
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Home Address (Street, City, State, Zip)			
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Signature		Date	
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If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:

Organization Name: PEF Division Council Leader:	Your Title: Phone:
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