



**Bureau of Workers' Compensation**

**Safety Services  
Public Employment Risk Reduction Program**

30 W. Spring St., 25<sup>th</sup> Floor  
Columbus, OH 43215-2256  
Toll Free 800-671-6858

Email: [bwcperrrcomplaint@bwc.ohio.gov](mailto:bwcperrrcomplaint@bwc.ohio.gov)

For official use only	

## Complaint Form

Use this form to file a complaint with the Public Employment Risk Reduction Program.

The undersigned (Please check)     Employee     Employee representative     Other

believes that an occupational safety or health hazard(s) exist at the following place of employment:

Employer *(City, township, school district, etc.)*

Name of supervisor or manager at facility

Address

City

County

State

ZIP code

Phone

Name and title of highest administrator of public entity *(director, superintendent, mayor, etc.)*

Address *(if different from above)*

City

State

ZIP code

Phone

Does the risk pose an immediate threat of serious harm?     Yes     No

Are any employees refusing to work?     Yes     No

If yes, have employees notified the supervisor of the risks?     Yes     No

What was the result?

Have employees contacted the Public Employment Risk Reduction Program regarding this hazard?     Yes     No

When? \_\_\_\_\_ Staff member contacted \_\_\_\_\_

### Nature of hazardous activity

1. Describe the existing hazards, including the number of employees exposed to the danger.

(Additional comments may be made on reverse side)

2. Symptoms or injuries suffered by employees as a result of the risk.

3. List by number and/or by name the occupational safety and health standard(s) violated, if known.

4. Specify the particular building or work site where the risk is located, including full address.

5. To your knowledge, how long has the risk existed within the workplace?

6. Have employees notified supervisors of the risk?  Yes  No  
If so, give results, including any steps taken to correct the problem.

7. Additional comments.

Name of individual filing complaint <i>(please print)</i>	Signature
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By statute, you must sign this form for the administrator to investigate the problem.

We keep the identity of the complainant confidential.

We will send a copy of the notification letter we sent to the employer to the complainant at address below.

Address

City	State	ZIP code
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Phone	Email address
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The Public Employment Risk Reduction Program established by Ohio House Bill 308 provides the following: Any public employee or public employee representative who believes that a violation of an occupational safety or health standard exists that threatens physical harm, or that an imminent danger exists, may request an inspection by giving notice to the administrator's designee of the Public Employment Risk Reduction Program, or an authorized representative, of such violation or danger. Any such notice shall be reduced to writing, shall set forth within reasonable particularity the grounds for the notice, and must be signed by the employee or employee representative. Within seven days of the receipt of the complaint notice, the administrator's designee must submit a letter of notification to the public employer, sent by certified mail, which outlines the allegations of the complaint. This letter of notification will not include the name(s) of the complainant(s). The public employer must then, within thirty days, respond back to the administrator's designee regarding the allegations. If the employer does not respond, or if the administrator's designee determines that the response is inadequate, an investigation of the alleged conditions will result. If the administrator's designee, or an authorized representative, determines that there are no reasonable grounds to believe that a violation or danger exists, he shall notify the employee or representative of the employee in writing of such determination.