

Public Employees Occupational Safety and Health Complaint Form

The State of New Jersey adopted the Public Employees Occupational Safety and Health (PEOSH) Act to ensure safe and healthful workplaces for New Jersey public employees.

Under the Public Employees Occupational Safety and Health Act (N.J.S.A. 34:6A-25 et seq.):

Any employee, group of employees or employee representative who believes that a violation of a health and safety standard exists, or that an imminent danger exists, may request an inspection by giving notice to the appropriate commissioner. The notice and request shall be in writing, shall set forth the grounds for the notice and shall be signed by the employee, a group of employees or employee representative.

The appropriate commissioner shall encourage any employee, group of employees or employee representative who believes that a violation of a health or safety standard exists, or that imminent danger exists, to report that violation or danger in the first instance to the employer's safety officer.

NOTE:

No person shall discharge, or otherwise discipline, or in any manner discriminate against any employee because of the exercise by such employee on behalf of himself or others of any right afforded by the Act.

Occupational safety and health complaints under the Public Employees Occupational Safety and Health (PEOSH) Act are investigated by two state agencies:

- The Department of Labor and Workforce Development handles complaints regarding **safety**.
- The Department of Health and Senior Services handles complaints regarding **health hazards**.

Please mail your **signed** complaint form to the appropriate agency. If you have any questions, please call. We will forward your complaint to the appropriate agency if you are uncertain as to which agency responds to your concerns.

Safety Complaints	Health Complaints
NJ Department of Labor & Workforce Development Office of Public Employees Safety P.O. Box 386 Trenton, NJ 08625-0386 Phone: (609) 292-7036 Fax: (609) 292-3749	NJ Department of Health & Senior Services PEOSH Program P.O. Box 360 Trenton, NJ 08625-0360 Phone: (609) 984-1863 Fax: (609) 984-2779



**PUBLIC EMPLOYEES
OCCUPATIONAL SAFETY AND HEALTH
COMPLAINT
(Continued)**

STATE USE ONLY
Complaint No.

19. To your knowledge, has this complaint been the subject of any union/management grievance or have you (or anyone you know) otherwise called it to the attention of, or discussed it with, the employer or any representative thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, give the results thereof, including any efforts by management to correct the violation:	
20. Name of Union Newark Teachers Union, A.F.T.	21. Local Number 481
22. Name of Employee Representative John M Abeigon	23. Telephone Number (973) 643-8430
24. Title Director of Organization	

THE INFORMATION BELOW WILL REMAIN CONFIDENTIAL UPON REQUEST!

25. Please indicate your desire: MAY YOUR NAME BE REVEALED TO THE EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DO YOU WANT TO BE PRESENT WHEN THE INSPECTION IS CONDUCTED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
26. The complainant, whose signature appears below (<i>check one</i>): <input type="checkbox"/> Employee <input type="checkbox"/> Representative of Employees <input type="checkbox"/> Employer <input type="checkbox"/> Other (<i>Specify</i>):		
27. Name of Complainant (<i>Print or Type</i>)	28. Signature	29. Date
30. Street Address		
31. City, State, Zip		32. County
33. Telephone Number ()	34. Best Time to Contact	

**IF YOU ARE AN AUTHORIZED REPRESENTATIVE OF EMPLOYEES
AFFECTED BY THIS COMPLAINT, COMPLETE THE FOLLOWING:**

35. Name of Organization Newark Teachers Union, Local 481 A.F.T. AFL-CIO
36. Your Organization Title