Complete this form and send it to:
Whistleblower Investigator
525 Camino de los Marquez, Suite 3
Santa FE, NM 87505

Or call 505-476-8700 for email instructions.

DISCRIMINATION COMPLAINT

SECTION I: EMPLOYER

a. Name: _____

b. Address: _____

City:_____ State _____ Zip _____

Phone: _____

c. Kind of Business: _____

d. Location where the alleged violation occurred: _____

e. Employer's agent in charge:

Name: _____

Position: _____

Phone: _____

SECTION II: DESCRIPTION OF ALLEGED VIOLATION

Describe the circumstances which lead up to the action you allege constitutes discrimination. If additional space is needed, use the attached continuation sheet.

_____

_____

_____

_____

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_____

SECTION III: COMPLAINANT

a. Name:_____

b. Address:_____

c. City:_____ State:_____ Zip: _____

d. Phone:_____ Alternate phone: _____

e. Job title or position: _____

f. Status (check one of the following):

[ ] Employee currently employed at this establishment
[ ] Relative of the employee (specify relationship): _____
[ ] Employee Representative (specify organization): _____
[ ] Former Employee
[ ] Self Terminated
[ ] Discharged
[ ] Temporary Layoff
[ ] Other (specify): _____
_____

SECTION IV: QUESTIONNAIRE

Is this alleged violation the subject of any Labor/Management grievance? _____

Is this alleged violation being considered by or filed with any other government agency? _____ (If "yes," indicate the agency name(s) and date(s) of filing(s):_____
_

Has this alleged violation been discussed with the employer or one of his representatives?____ (If "yes" indicate name of representative): _____

What relief is being sought? _____

_____

_____

_____

_____

SECTION V: WITNESSES (List below any witnesses who may possess information relevant to this matter).

Name	Address	Phone

(Attach additional sheet, if necessary)

SECTION VI: SIGNATURE

I, _____ (print or type name), hereby affirm that all entries contained herein are true and correct to the best of my knowledge.

_____ _____

Signature Date

DISCRIMINATION COMPLAINT CONTINUATION SHEET

(Attach additional sheets if necessary)

Please place a check next to one of the following statements:

☐ I **do not** wish to file a complaint of discrimination with Region 6, federal OSHA.

☐ I **do** wish to file dually with New Mexico Occupational Health and Safety Bureau (OHSB) and Region 6 federal OSHA.

My signature at the bottom of this form authorizes the NM OHSB discrimination investigator to forward a copy of my written complaint to:

11(c) Investigations

U.S. Department of Labor
Occupational Safety and Health Administration
525 Griffin Street, Room 602
Dallas, Texas 75202
(972) 850-4187

_____ _____

Signature Date