



**New Mexico Occupational Health and Safety Bureau
525 Camino de Los Marquez
Suite #3, P.O. Box 5469
Santa Fe, NM 87505**

**Phone: 505-476-8700
(877) 610-6742**

Whistleblower Discrimination Complaint

By statute, before a discrimination complaint can be accepted for investigation, a signed complaint must be received in our office (or postmarked) no later than thirty (30) days after the date of the last alleged retaliatory act, so please include the date of that retaliation.

Please be as thorough as possible when filling out the complaint form. When possible, include relevant dates; and the names, telephone numbers and addresses of any potential witnesses. This complaint will be investigated only if you can provide some proof that the retaliation against you was directly due to your complaints to management about health or safety issues. Specific details describing your interactions with management regarding your safety concerns will be important in a possible investigation.

Please be informed that the assigned investigator is not an attorney and cannot give any legal advice. Filing a case with the Occupational Health and Safety Bureau (NM OSHA) does not preclude you from seeking any other forms of relief available to you. All parties in this action have the right to retain legal counsel and a Designation of Representation form will be provided here if you choose to retain counsel. Your timely cooperation is required in order to pursue this matter.

SECTION I: EMPLOYER

a. Name of Business: _____

b. Name of Owner: _____

c. Address: _____

d. City: _____

e. Street: _____

f. State: _____

g. Zip Code: _____

h. Phone: _____

i. Date when the alleged discriminatory act took place: _____

j. Date where the alleged discriminatory act occurred: _____

SECTION II: DESCRIPTION OF ALLEGED VIOLATION

Briefly describe the circumstances which led up to the action you allege constitutes discrimination.

SECTION III: COMPLAINANT

a. Name: _____

b. Email Address: _____

c. Address: _____

d. City, State, Zip: _____

e. Phone: _____

f. Alternate Phone: _____

g. Job title or position: _____

h. Status (choose from the following and give date):

- 1. Currently employed at this business _____
- 2. Former employee _____
- 3. Self-terminated _____
- 4. Discharged _____
- 5. Temporary Lay-off _____
- 6. Relative of this employee (specify) _____
- 7. Employee Representative (non-family, organization, other) _____
- 8. Other (specify) _____

SECTION IV: QUESTIONNAIRE

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

b. Is this alleged violation being considered by or filed with any other government agency? _____

c. If "yes," indicate the agency name(s) and date of filing(s) _____

d. Has this alleged violation been discussed with the employer or one of his representatives? _____

e. If "yes" indicate name and title of representative: _____

f. What relief is being sought? (Reinstatement, lost pay, etc.)

SECTION V: WITNESSES *(List below any witnesses who may possess information relevant to this matter, their phone numbers, and what they may know about your allegations)*

SECTION VI: SIGNATURES

I, (Print Name) _____ affirm that I my signature below is valid, and I also hereby affirm that all entries contained herein are true and correct to the best of my knowledge.

Sign Name

RIGHT TO DUAL FILE

Federal regulations require that our office inform you of your right to file a concurrent complaint of discrimination with Region 6 of the Federal Occupational Safety and Health Administration (OSHA). The thirty (30) day filing period that New Mexico requires also applies to federal OSHA discrimination complaints. You also have the right to request a federal review of the findings of our Bureau's investigation, but only after you have exhausted your rights to appeal at the state level. Please designate your choice below.

Check the appropriate line below:

_____ 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 below authorizes the NM OHSB discrimination investigator to forward a copy of my written complaint to:

11(c) Investigations
U.S. Department of Labor, OSHA
525 Griffin Street, Room 602
Dallas, Texas 75202
(972) 850-4187

Sign Name