

# NOTICE OF ALLEGED SAFETY OR HEALTH HAZARDS

K-ISH 603 Web (8-20)

## INSTRUCTIONS:

**Public Sector:** If you are an employee within the public sector, including state workplace, and are concerned about safety and health conditions at your facility, please complete the following information and email this form to the Division of Industrial Safety and Health at KDOL.IndSafetyHealth@ks.gov

**Private Sector:** If you are an employee within the private sector, the Occupational Safety and Health Administration (OSHA) has jurisdiction over your issue. You may contact OSHA at the Kansas City office at 800-892-2674 or the Wichita office at 800-362-2896.

**Statement from Kansas Statute K.S.A. 44-636. Places of business; inspection; safety and protection of employees; orders; notice and hearing; penalty.** (f) No person shall discharge or in any manner discriminate against any employee because such employee has filed a complaint with, or furnished information to, the secretary of labor concerning conditions or situations alleged to be unsafe or hazardous or otherwise covered by the provisions of this act.

## PLEASE INDICATE YOUR DESIRE:

DO NOT reveal my name to the employer       My name MAY be revealed to the employer

## COMPLAINANT INFORMATION:

Complainant name: \_\_\_\_\_

Street, city, state, ZIP code: \_\_\_\_\_

Daytime phone: (      ) \_\_\_\_\_ Alternate phone: (      ) \_\_\_\_\_

Email address: \_\_\_\_\_

Has this unsafe condition been brought to the attention of management?     YES     NO

Are you still employed at facility?     YES     NO

## EMPLOYER INFORMATION:

Name of employer: \_\_\_\_\_

Street, city, state, ZIP code: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone: (      ) \_\_\_\_\_ Alternate phone: (      ) \_\_\_\_\_

## SUMMARY OF COMPLAINT: (describe on page 2)

**CERTIFICATION STATEMENT:** I do hereby affirm under penalties of perjury that the stated information is true and correct to the best of my knowledge, information and belief. If submitted electronically, this form will be considered to be signed.

Complainant name: \_\_\_\_\_ Date: \_\_\_\_\_

For more information about free workplace safety programs, visit  
<http://www.dol.ks.gov/Safety/assistance.aspx>

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**SUMMARY OF COMPLAINT:**

Three methods are available for returning this completed form: mail, fax or email. Information is provided below. If you do not receive an acknowledgment letter within two weeks, please call.

DIVISION OF INDUSTRIAL SAFETY AND HEALTH

417 SW Jackson St., Topeka, KS 66603-3327 • Phone (785) 296-4386 • Fax (785) 296-1775 • Email: [KDOL.IndSafetyHealth@ks.gov](mailto:KDOL.IndSafetyHealth@ks.gov)