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

State of New Jersey PUBLIC EMPLOYEES OCCUPATIONAL SAFETY AND HEALTH

COMPLAINT

STATE USE ONLY					
Complaint No.	Date Rec'd				
Date Closed	Investigator Code				
Completed By Complainant	☐ Department				

		Pul	olic Schools		2. Te	elephone Number 973) 733-73	360
		lar	Street				
4.	City, State, Zip Code Newark,	NJ	07102		5. Co	ounty Essex	
	Type (Check One) ☐ State Agency ☐ County ☐ Other (specify):				L	/ Authority	
7.	Hazard Location/Name of Building (substitution exists). Use separate form	Spe for	cify building and exact each building.)	location where alleged	8. Flo	oor and Room Number	
9.	Street Address (Site)						
10	. City State, Zip Code	-			11. Co	ounty	
12.	. Name of Person(s) in Charge				13. Te	elephone Number	
14.	Briefly describe your complaint:						
		***********			***************************************		
Lee		•••••••••••			***************************************		
		•••••••					
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	Approximate Number of Employees in Area	a.	Are there employees w health problems relate		b.	Number of employees symptoms:	experiencing
16.	Type of work done in the area (i.e., c	leri		ghter)			-
17.	Materials handled (chemicals, cleanir	ng d	compounds, etc.)				
1	. To your knowledge, has there been related to the complaint? ☐ Yes ☐ No	ар	revious inspection	b. If Yes, by whom?			
:. C	Date Inspected		d. Outcome of Inspec	tion			
							1

PUBLIC EMPLOYEES OCCUPATIONAL SAFETY AND HEALTH COMPLAINT

(Continued)

STATE USE ONLY					
Complai	nt No.				

19. To your knowledge, has this complaint been the otherwise called it to the attention of, or discusse ☐ Yes ☐ No	ed it with, the employer or any i	representative thereof?	or anyone you know)
If Yes, give the results thereof, including any effort	orts by management to correct	the violation:	
20. Name of Union	104.1		
Newark Teachers Union, A.I		_ocal Number 481	
22. Name of Employee Representative		Telephone Number	
John M Abeigon	(973) 643-8430	
24. Title Director of Organization			
THE INFORMATION BELO	W WILL REMAIN CONFIDI	ENTIAL UPON REQUEST	1
25. Please indicate your desire:			
MAY YOUR NAME BE REVEALED TO THE EM		□ NO	
IF YES, DO YOU WANT TO BE PRESENT WHE 26. The complainant, whose signature appears below		DUCTED? YES	□ NO
☐ Employee ☐ Representative of Employees ☐ Employer ☐ Other (Specify):	v (check one).		
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		
	HORIZED REPRESENTATIVE COMPLAINT, COMPLETE T		
35. Name of Organization Newark Teachers	Union, Local 481 A.F.1	Γ. AFL-CIO	
36. Your Organization Title			