

UNITED STATES
DEPARTMENT OF LABOR

OSHA

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OSHA ONLINE WHISTLEBLOWER COMPLAINT FORM

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US Department of Labor
Occupational Safety and Health Administration
Notice of Whistleblower Complaint

OMB #

Have you suffered an "adverse action"?

To have a valid complaint, you must allege that your employer took at least one "adverse action" against you. An action is "adverse" if it has negatively affected your conditions of employment in any way (see examples below).

If yes, please click all that apply:

- Termination / Layoff
- Discipline
- Demotion / Reduced Hours
- Suspension
- Denial of Benefits
- Failure to Promote
 - Failure to Hire / Re-hire
 - Negative Performance Evaluation
 - Threat to Take any of the Above Actions
 - Harrassment / Intimidation

Other (please describe)

please describe

When did you suffer the most-recent adverse action?

Each whistleblower protection law that OSHA administers requires that complaints be filed within a certain number of days after the adverse action. The time periods vary from 30 days to 180 days, depending on the specific law (statute) that applies. For example, Section 11(c) of the Whistleblower Protection Act of 1989, which covers workplace safety and health matters, requires that a complaint be filed within 30 days of the adverse action. Under certain circumstances, however, OSHA may accept a complaint filed after the deadline has expired. Click here for a summary of the filing requirements for each statute.

Date of Most-Recent Adverse Action (Required)

04/06/2020

Set

(If you cannot remember the exact date, please enter the approximate date.)

Why do you believe you suffered the adverse employment action(s)? (at least one reason)

Please check all that apply:

- Called / Filed complaint with OSHA
- Called / Filed complaint with another government agency
- Name of Agency Contacted
- Complained to management about unlawful conditions, conduct, or practices
- Testified or provided statement in a proceeding (e.g., government inspection or investigation)
- Because of your race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability or genetic information
- Because you complained about failure to pay the minimum wage, overtime pay, wage recordkeeping, child labor, or family and medical leave requirements
- Because you complained about migrant or seasonal worker protections, lie detector tests, or worker protections in certain temporary guest worker programs
 - Because you engaged in protected concerted activities (group action to improve wages, benefits, and working conditions), union activities, supported a union, or chose not to engage in union activities
 - Reported an injury, illness, or accident
 - Participated in safety and health activities

Refused to perform unsafe or illegal task

Other (please describe)

Please describe why you believe you suffered the adverse action(s)

What reason(s) did your employer give for the adverse action(s)?

Employer denied a contractually required Union Day to the Local Union President, Adam Witt, that was needed to attend for another employee that was scheduled by management. Management claimed that the release time was denied, but pretext to terminate the Local Union President for his advocacy for the health and safety of the Union's members.

Is there anything else that that you would like OSHA to know about what happened?

After suspending the Local Union President, the employer posted his picture with the caption, "Adam Witt Registered Nurse Department. As of March 31, 2020. Mr. Witt is not allowed on property at JSUMC. If he is seen on property please contact immediately for further instructions." This notice was posted at all entrances of the hospital in full and plain view of all who Mr. Witt had been advocating for the health and safety of the Union's Members.

When you suffered the adverse action, who did you work for?

Company Name
(Required)

Jersey Shore University Medical Center/Hack-Meridian

Is this a private or public sector employer? (Required)

Private
 Public

When you suffered the adverse action, where was your worksite?

(e.g., home office; official duty station; dispatch; home terminal)

Worksite Address when Alleged Retaliation Occurred (Street, City, State, Zip):

Street: 1945 Route 33

City: Neptune

State: (Required) New Jersey ▼

Zip: 07753

How can OSHA contact your employer?

Employer Name (if
different from "Company
Name" above):

Name and Title of Management Person (*for contact purposes only*)

Name:

Title:

Phone:

Name and Title of Your Supervisor:

Name:

Title:

Employer Mailing Address (*if different from worksite address*)

Street:

City:

State:

▼

Zip:

Employer Phone:

Alt Phone:

Employer Fax:

Alt Fax:

Employer Email:

Type of Business:

How can OSHA contact you?

Name (Required):

Mailing Address (Street, City, State, Zip) (Required):

Street:

City:

State: ▼

Zip:

Telephone Numbers (include area code) (at least one required):

Home:

Work: Ext:

Cell:

No Telephone Available

Email Address:

Other Contact Person?

Name: M.I.

Phone:

Preferred Method of Contact: ▼

Preferred Time of Contact: ▼

Designated Representative

Do you have an authorized / designated representative (e.g., attorney, shop steward)?

No
 Yes

Are you an authorized / designated representative (e.g., attorney, shop steward) that is filing on behalf of an employee?

No
 Yes

If yes for either, please provide contact information for the authorized/designated representative:

Name: M.I.

Title:

Organization Name (if any):

Union Affiliation (if any): AFT/AFL-CIO

Address (Street, City, State, Zip Code):

Street: 110 Kinderkamack Road

City: Emerson

State: New Jersey ▾

Zip: 07630

Phone (day): [REDACTED]

Email: [REDACTED]

By checking this box, I certify that the named employee has authorized me to act as their representative for purposes of this complaint.

Submission

Please review the information you have entered to ensure that it is accurate. You may change any answers as needed before submitting.

NOTE: It is unlawful to make any materially false, fictitious, or fraudulent statement to an agency of the United States, or to any employee of the United States, or to any person assisting an agency of the United States in the performance of its functions, which statement is likely to influence the agency in the performance of its functions. Any person who violates this section is subject to a fine or imprisonment, or both. See 18 U.S.C. 1001(a); 29 U.S.C. 666(a).

By clicking SUBMIT below, you certify that the information in this complaint is true and correct to the best of your knowledge. Please click "Submit" only once. Remember that you cannot file a whistleblower complaint with OSHA anonymously. If you do file a complaint, OSHA will contact you to discuss your complaint. If OSHA proceeds with an investigation, the employer will be informed of your identity.

We suggest that you print and save this page for your records.

[Print this Complaint](#)

[SUBMIT your complaint to OSHA](#)

[Cancel, Return to www.whistleblowers.gov](#)

This form requests personal information that is relevant and necessary to determine whether and how to conduct an investigation. OS in order to process complaints under its statutory and regulatory authority. Once a complaint is filed, the individual's name and information will be disclosed to the employer. During the course of an OSHA investigation, information contained in an investigative case parties in order to resolve the complaint. During an investigation, information about the complaining party and the employer will not be released except to the extent allowed under the Freedom of Information Act (FOIA). However, once a case is closed, it is possible that information about the complaint or a case file may be released to the public as required by the FOIA. Any such documents will be redacted as appropriate under the Privacy Act.

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act, an Agency may not conduct or sponsor, and no persons are required to respond to a collection of information if the collection displays a valid OMB control number. Public reporting burden for this voluntary collection of information is estimated to include the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing the collection of information. Please send comments regarding this burden estimate or any other aspect of this collection of information, including reducing this burden to OSHA.DWPP@dol.gov or to the Directorate of Whistleblower Protection Programs, Department of Labor, Room 20210, 200 Constitution Ave., NW, Washington, DC 20210; Attn: Paperwork Reduction Act Comment. (This address is for comments only; do not send complete office.)

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UNITED STATES DEPARTMENT OF LABOR

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Washington, DC 20210
800-321-6742 (OSHA)
TTY
www.OSHA.gov

FEDERAL GOVERNMENT

White House
Severe Storm and Flood Recovery Assistance
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DisasterAssistance.gov
USA.gov
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U.S. Office of Special Counsel

OCCUPATIONAL SAFETY AND HEALTH

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