

Notice of Alleged Safety or Health Discrimination

Kentucky Labor Cabinet
Department of Workplace Standards
Division of Occupational Safety and Health Compliance

FOR THE GENERAL PUBLIC

This form is provided for the assistance of any complaint and is not intended to constitute the exclusive means by which a complaint may be registered with the Kentucky Labor Cabinet.

KRS Chapter 338.121 (Relating to prohibition of discrimination against employees) provides as follows:

(3) (a) No person shall discharge or in any manner discriminate against any employee because such employee has filed any complaint or instituted or caused to be instituted any proceeding under or related to this chapter or has testified or is about to testify in any such proceeding or because of the exercise by such employee on behalf of himself or others of any right afforded by this chapter; and

(b) Any employee who believes that he has been discharged or otherwise discriminated against by any person in violation of this subsection may, within a reasonable time after such violation occurs, file a complaint with the commissioner alleging such discrimination. Upon receipt of such complaint, the commissioner shall cause such investigation to be made as deemed appropriate. If upon such investigation, the commissioner determines that the provisions of this subsection have been violated, he shall issue a citation to the employee which may be challenged or contested in accordance with the provisions of this chapter and the review commission may order all appropriate relief including rehiring and reinstatement of the employee to his former position with back pay. Upon an initial determination by the commissioner that an employee has been discharged by an employer in violation of subsection (3)(a) of this section, the secretary may order reinstatement of the employee pending a final determination and order of the review commission.

Effective: July 14, 1992

History: Amended 1992 Ky. Acts ch. 134, sec. 1

INSTRUCTIONS:

Open the form and complete items 2 through 21 as accurately and completely as possible. Please attach any documentation that supports your allegations of discrimination. If you need more space than is provided on the form, continue on another sheet of paper.

After you have completed the form, return it to:

**Kentucky Labor Cabinet
Department of Workplace Standards
Division of Occupational Safety and Health Compliance
1047 US HWY 127 S, Suite 4
Frankfort, KY 40601**

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| |
|---------------------|
| 1. Complaint Number |
|---------------------|

2. Employer Name

3. Site Location (Street, City, State, Zip)

4. Mailing Address (if different)

5. Management Official

6. Telephone Number

7. Type of Business

8. Number of Employees

9. Discrimination Description – Describe briefly:

- The safety or health complaint you made (or activity in which you were involved)

- To whom you complained

- When it occurred

- List of witnesses (and home phone numbers)

- Adverse action taken against you with date

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- Why you believe you have been discriminated against

10. Has this been brought to the attention of (Mark "x" in all that apply)

Employer Other Government Agency (Specify) _____

11. The undersigned (Mark "x" beside one) believes that a violation of Occupational Safety or Health Discrimination has occurred at the establishment named on this form.

Employee Federal Safety and Health Committee Representative of Employee

Other (Specify) _____

12. Complainant Name (Type or Print)

13. Telephone Number

14. Home Address

15. Date of Hire

16. Position you Hold / Held

17. Name of Immediate Supervisor

Rate of Pay

19. Signature

20. Date

21. If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title.

Organization Name: _____

Your Title: _____