



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
DIVISION OF LABOR STANDARDS

**WORKPLACE SAFETY COMPLAINT FORM**  
**Chapter 292, RSMo**

Mail completed form to:  
Division of Labor Standards  
Attn: Workplace Safety Program  
P.O. Box 449, Jefferson City, MO 65102-0449  
Phone: 573-751-3403 Fax: 573-751-3721  
Email: [workplacesafety@labor.mo.gov](mailto:workplacesafety@labor.mo.gov)  
[labor.mo.gov/DLS/safe-at-work](http://labor.mo.gov/DLS/safe-at-work)

If you are an employee within the public sector and are concerned about safety and health conditions at your facility, please complete the following form and fax, mail, or e-mail it to the address above. **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 816-483-9531 or the St. Louis office at 314-425-4249.**

*Please print when completing the form.*

Complainant Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Daytime Phone No. (\_\_\_\_) \_\_\_\_\_ Alternate Phone No. (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_ Alternate Phone No. (\_\_\_\_) \_\_\_\_\_

**SUMMARY OF COMPLAINT (Use additional sheets, if necessary.)**

**NOTICE:** Please be aware that any information you submit may be subject to disclosure under the Federal Freedom of Information Act, 5 U.S.C. §552, and/or the Missouri Sunshine Law, §610.021, RSMo.

### Statement of Verification

I, \_\_\_\_\_ (print name), do hereby affirm under penalties of perjury that the above-stated information is true and correct to the best of my knowledge, information and belief.

**COMPLAINANT SIGNATURE**

For more information about free workplace safety programs, visit [labor.mo.gov/safe-at-work](http://labor.mo.gov/safe-at-work).

If you have served on active duty in the Armed Forces of the United States and would like information about veterans' services and benefits, please complete the survey here: [mvc.dps.mo.gov/MoVeteransInformation/Survey/DOLIR](http://mvc.dps.mo.gov/MoVeteransInformation/Survey/DOLIR).

For more information and to complete the survey, please visit [www.dol.missouri.gov/moveternaltransformation/survey-dol/](http://www.dol.missouri.gov/moveternaltransformation/survey-dol/).

TPP/TTY: 800-735-2966 Relay Missouri: 711