



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
E-mail: workplacesafety@labor.mo.gov
www.labor.mo.gov/DLS/workplacesafety

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 800-892-2674 or the St. Louis office at 800-392-7743.**

Please print when completing the form.

Complainant Name _____ Date _____

Address _____

City _____ State _____ ZIP Code _____

Daytime Telephone No. (____) _____ Alternate Telephone No. (____) _____

E-mail Address _____

Name of Employer _____

Address _____

City _____ State _____ ZIP Code _____

Telephone No. (____) _____ Alternate Telephone No. (____) _____

Website _____

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

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 www.labor.mo.gov/SAFE.