



Notice of Alleged Safety or Health Hazards

For the Illinois Public Sector:

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

Section 2.1 of the Safety Inspection and Education Act [820 ILCS 220], provides as follows: Any employees or representative of employees who believe that a violation of a safety or health standard exists or that an imminent danger exists, may request an inspection by submitting a written complaint to the Director of Labor or his/her authorized representative. The written complaint shall set forth with reasonable particularity the grounds for the notice, and shall be signed by the employee or representative of employees, and a copy shall be provided the employer no later than at the time of inspection. Upon request of the person giving such notice, his/her name and the names of individual employees referred to therein shall not appear in such copy or on any record published, released, or made available under this section. If upon receipt of such notification the Director or his/her authorized representative determines there are reasonable grounds to believe that such violation or danger exists, he/she shall make a special inspection in accordance with the provisions of this section as soon as practicable to determine if such violation or danger exists. If the Director or his/her authorized representative determines there are no reasonable grounds to believe that a violation or danger exists, he/she shall notify the employees or representative of the employees in writing of such determination.

NOTE: Section 2.2 of the Safety Inspection and Education Act provides explicit protection for employees exercising their rights, including making safety and health complaints.

INSTRUCTIONS:

Open the form and complete the front page as accurately and completely as possible. Describe each hazard you think exists in as much detail as you can. If the hazards described in your complaint are not all in the same area, please identify where each hazard can be found at the worksite. If there is any particular evidence that supports your suspicion that a hazard exists (for instance, a recent accident or physical symptoms of employees at your site) include the information in your description. If you need more space than is provided on the form, continue on any other sheet of paper.

After you have completed and signed the form, return it to your local IDOL office.

NOTE: It is unlawful to make any false statement, representation or certification in any document filed pursuant to the Safety Inspection and Education Act, Section 2.6(b). Violations can be charged with a Class 4 felony.

SEND THE COMPLETED FORM TO EITHER OF THE Illinois Department of Labor OFFICES:

900 South Spring Street
Springfield, Illinois 62704
(217) 782-9386
(217) 785-8776 fax

160 N. LaSalle Street, C-1300
Chicago, Illinois 60601
(312) 793-7308
(312) 793-2081 fax

