

PEOSH Retaliatory Discrimination Complaint

Complainant's Full Name Phone/Email Address City State ZIP Code Attorney's Full Name Phone/Email Address City State ZIP Code Have you filed a grievance? <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> Status (if filed): </div>	Employer Name Phone/Email <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 70%;">Business Name (if different)</td> <td style="border: none; width: 30%;">Type of Business</td> </tr> </table> Address City State ZIP Code Complainant's Current Job Title Date Hired Supervisor's Name Department Worked Date of safety or health complaint, injury or other related PEOSH protected activity _____ Date of alleged act of retaliatory discrimination _____ Was employment terminated? <input type="checkbox"/> Yes (on date) _____ <input type="checkbox"/> No Is an occupational safety or health issue involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Business Name (if different)	Type of Business
Business Name (if different)	Type of Business		

Describe the incident (attach separate sheet if needed).

Why do you believe the employer acted in this way?

Have you filed a complaint with another agency? ☐ Yes (name of agency) _____
☐ No

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS THE TRUTH TO THE BEST OF MY KNOWLEDGE.

Print Name

Signature

Date

Submit completed form via Mail, FAX or Email:

Office of Public Employees' Occupational Safety and Health
New Jersey Department of Labor and Workforce Development
PO Box 386
Trenton, NJ 08625-0386

Phone 609-292-7036
Hotline 1-800-624-1644
Fax 609-292-3749
Email PEOSHA@dol.nj.gov

YOUR RIGHTS under the Safety and Health Procedural Standards are:

N.J.A.C. 12:110-7.2 Employer responsibility and employee rights

(a) No employer or person shall discharge or in any manner discriminate against any employee because the employee has directly or indirectly:

1. Filed any complaint under or related to the Act with the employer, the Commissioner of Labor and Workforce Development or the Commissioner of Health and Senior Services or any other State or local agency. Such complaints shall relate to conditions at the workplace as distinguished from complaints touching upon general public safety and health issues;
2. Requested an inspection;
3. Instituted or caused to be instituted any proceeding under or related to the Act including, but not limited to, petitioning for promulgation of an occupational safety or health standard, applying for modification or revocation of a variance, appealing to the Commissioner of Labor and Workforce Development from an element of an Order to Comply or filing a judicial challenge to any standard or Order.
4. Testified or is about to testify in any proceeding under or related to the Act;
5. Made or provided any statement related to safety or health conditions at the workplace in the course of judicial or quasi-judicial, legislative, rulemaking or adjudicative proceedings or during an inspection or investigation of workplace safety or health issues by any public or private body;
6. Participated as a party in enforcement proceeding under the Act;
7. Requested information or advice from the Department of Labor and Workforce Development or the Department of Health and Senior Services;
8. Exercised on his or her own behalf or on behalf of others any right afforded by the Act.

(b) Any employee who believes that he or she has been discharged, disciplined or otherwise discriminated against by any person in violation of this section may, within 180 days after the employee first had knowledge or should reasonably have known that such violation did occur, file a complaint with the Commissioner alleging that discrimination.