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REPORT OF ALLEGED SAFETY OR HEALTH HAZARD OF PUBLIC SECTOR WORKPLACE BY EMPLOYEE

K-ISH 603 Web (09-24)

Note: If you are a member of the public or a private sector employee and wish to report an alleged unsafe working condition, report your concern to the Occupational Safety and Health Administration (OSHA), who has jurisdiction over these issues.

Kansas City: (800) 892-2674

Wichita: (800) 362-2896 or OSHA - Wichita Area Office, 100 N Broadway, Suite 470, Wichita, KS 67202

INSTRUCTIONS:

Public Sector: A public sector employee concerned about a safety and health condition at your facility or state workplace may complete the following information and email this form to the Division of Industrial Safety and Health at KDOL.

IndSafetyHealth@ks.gov.

Statement from Kansas Statute K.S.A. 44-636. Places of business; inspection; safety and protection of employees; orders; notice and hearing; penalty. (f) No person shall discharge or in any manner discriminate against any employee because such employee has filed a complaint with, or furnished information to, the secretary of labor concerning conditions or situations alleged to be unsafe or hazardous or otherwise covered by the provisions of this act.

PLEASE INDICATE YOUR DESIRE:

 DO NOT reveal my name to the employer My name MAY be revealed to the employer

COMPLAINANT INFORMATION:

Complainant name: _____

Street, city, state, ZIP code: _____

Daytime phone: _____ Alternate phone: _____

Email address: _____

Has this unsafe condition been brought to the attention of management? YES NOAre you still employed at facility? YES NO

EMPLOYER INFORMATION:

Name of employer: _____

Street, city, state, ZIP code: _____

Contact person: _____

Phone: _____ Alternate phone: _____

SUMMARY OF COMPLAINT: (describe on page 2)

CERTIFICATION STATEMENT: I do hereby affirm under penalties of perjury that the stated information is true and correct to the best of my knowledge, information and belief. If submitted electronically, this form will be considered to be signed.

Complainant name: _____ Date: _____

For more information about free workplace safety programs, visit
<https://www.dol.ks.gov/ish/resources>

DIVISION OF INDUSTRIAL SAFETY AND HEALTH

401 SW Topeka Blvd., Topeka, KS 66603-3182 • Phone (785) 296-4386 • Fax (785) 296-1775 • Email: KDOL.IndSafetyHealth@ks.gov

Notice of Alleged Safety or Health Hazards

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SUMMARY OF COMPLAINT:

Three methods are available for returning this completed form: mail, fax or email. Information is provided below. If you do not receive an acknowledgement letter within two weeks, please call.

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