



**NAVAJO NATION OCCUPATIONAL SAFETY & HEALTH ADMINISTRATION  
THE DIVISION OF HUMAN RESOURCES  
NOTICE OF ALLEGED SAFETY & HEALTH HAZARDS**

Date of Incident:		COMPLAINT NUMBER:	
Establishment Name:			
Establishment's Physical Address:			
Mailing Address:			
Immediate Supervisor:			
Employer's Telephone #:		FAX #:	
Nature of Business:			
Describe fully the hazards that you believe exist including the number of employees exposed:			
Specify each location or work area where the hazards describe above exist:			

**THIS CONDITION HAS BEEN BROUGHT TO THE ATTENTION OF: (Check all that apply)**

<input type="checkbox"/> Employer	<input type="checkbox"/> Federal OSHA	<input type="checkbox"/> Other Government Agency (Specify):
Reporting Person Name:		
Mailing Address:		
Relationship to Employer:		
If person filing complaint is an employee representative, What organization does the complainant represent ( Provide the name and local # of the organization and your title, if appropriate):		
The identity of the person filing this complaint will be revealed to the employer unless the release of the name will result in substantial harm to the person filing the complaint please indicate the following:		
<input type="checkbox"/> My name may be revealed		
<input type="checkbox"/> Do not reveal my name to the employer because (Specify):_____		
<b>(MARK "X" IN ONE BOX)</b>		
<input type="checkbox"/> Former Employee	<input type="checkbox"/> Representative of Employees	
<input type="checkbox"/> Current Employee	<input type="checkbox"/> Federal Safety & Health Committee	
	<input type="checkbox"/> Other (Specify):_____	
The undersigned believes that a violation of an Occupational Safety or Health Standards exists which is a job safety or health hazard at the establishment named on this form.		
Print Name:		Phone Number: (       )
Signature:		Date:

Navajo Nation Occupational Safety & Health Administration  
Physical Address: 2689 Window Rock Blvd., Window Rock, Arizona 86515  
Mailing Address: Post Office Box 1447, Window Rock, Arizona 86515

Phone: (928) 871-6742  
Fax: (928) 871-6825

**PLEASE SUBMIT FORM TO:**  
[nnosha.request@navajo-nsn.gov](mailto:nnosha.request@navajo-nsn.gov)



# NAVAJO NATION OCCUPATIONAL SAFETY & HEALTH ADMINISTRATION

## THE DIVISION OF HUMAN RESOURCES

### NOTICE OF ALLEGED SAFETY & HEALTH HAZARDS

For the General Public:

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

Section 8 (f) (1) of the William-Steiger Occupational Safety & Health Act, 29 U.S.C. 651, provides as follow: Any employees or representative of employees who believe that a violation of a safety or health standard exists that threatens physical harm, or that n imminent danger exists, may request an inspection by giving notice to Navajo Nation OSHA or his/her authorized representative of such violation or danger. Any such notice shall be reduced to writing, shall set forth with reasonable particularity the grounds for notice, and shall be signed by the employee or representative or employees and a copy shall be provided to the employer or his agent no later than the time of inspection, expect that, upon request of the person giving such notice, his 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 pursuant to sub-section (g) of this section. If upon receipt of such notification Navajo Nation OSHA determines there are 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 1432 (B) of the Navajo Nation OSH Act of 2000 provides explicit protection for employees exercising their rights, including making safety and health complaints.

For Navajo Nation & Other Navajo Entity Employees:

This report format is provided to assist Employees on the Navajo Nation, Other Navajo Entities and Businesses or authorized representatives in registering a report of unsafe or unhealthful working conditions with the Navajo Nation Occupational Safety & Health Administration.

The Navajo Nation OSHA may conduct unannounced inspection of agency workplaces when deemed necessary if an agency does not have Safety & Health Committees established with Navajo Nation OSH Act of 2000; or in response to the reports of unsafe or unhealthful working conditions upon request of such agency committees un Section 1401, 1402, 1403, 1411, 1421, 1422, 13 N.N.C. Chapter 55, Navajo Nation Safety Committee, Sections 4701-4705 in its entirety.

#### INSTRUCTIONS:

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 at all in the same area, please identify where each hazard can be found at the worksite. If there is any particular evidence that supports our suspicion that a hazard exists (for instance, a recent accident or physical symptoms of employees at your site) including the information in your description. If you need more space than is provided on the form continue on a separate sheet of paper.

After you have completed the form, return it to Navajo Nation OSHA Office.

NOTE: It is unlawful to make any false statement(s), representation or certification in any document, application, record, report, plan or other document filed or required to be maintained pursuant to the Navajo Nation Occupation Safety & Health Act of 2000. Violations can be punished by a fine of not more then five thousand dollars (\$5,000) for each violation or imprisonment for not more then six (6) months, or both. Section 1481 (H)

Public reporting burden for this voluntary collection of information is estimated to vary from 15 to 25 minutes per response with an average of 17 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An Agency may not conduct or sponsor, and persons are not required to respond to the collection of information unless it displays a valid Control Number. Send comment regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Program Supervisor I of Navajo Nation OSHA (2689 Window Rock Blvd., Window Rock, Arizona 86515) and Division Director of Human Resources.