

File #: \_\_\_\_\_

Date: \_\_\_\_\_

## GENERAL SAFETY LAW COMPLAINT FORM

The General Safety Law, No.174, P.L.654, provides for the safety and protects the health and morals of persons while employed by prescribing regulations and restrictions concerning places where persons are employed and the equipment, apparatus, materials, devices and machinery used therein.

The regulations promulgated under the General Safety Law cover a wide variety of employee safety issues for all places where persons are employed or permitted to work for compensation of any kind, except farms or private dwellings, and shall include those owned or under the control of the Commonwealth and any political subdivision thereof, including school districts.

**Type or print all requested information clearly. Note that all of the information on this form may be subject to public disclosure by way of a court order.**

<b>COMPLAINT FILED BY</b>	Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone: _____ Fax: _____ Email: _____ Employer: _____ Supervisor: _____  Signature: _____ Date: _____
<b>COMPLAINT FILED AGAINST</b> (Building Information)	Building Name: _____ Building Address: _____ City: _____ State: _____ Zip Code: _____ Owner's Name: _____ Owner's Address: _____ City: _____ State: _____ Zip Code: _____
<b>COMPLAINT ALLEGATIONS</b> If more space is needed, attach additional 8-1/2" x 11" pages.	State as specifically as possible, i.e., room number, floor number, etc. the allegations you are making against the building named above. _____ _____ _____ _____
<b>ADDITIONAL INFORMATION</b> If more space is needed, attach additional 8-1/2" x 11" pages.	Describe any actions you have taken to resolve this matter prior to contacting the Department of Labor & Industry. _____ _____ _____ _____
<b>FILING REQUIREMENTS</b>	Mail this complaint form to: <b>UCC Inspection Division</b> <b>Department of Labor &amp; Industry</b> <b>651 Boas Street, Room 1624</b> <b>Harrisburg, PA 17121-0750</b>  Please direct any questions to (717) 787-1291 or to <a href="mailto:jecole@pa.gov">jecole@pa.gov</a> .

*Auxiliary aids and services are available upon request to individuals with disabilities.  
Equal Opportunity Employer/Program*