Maine Department of Labor

Workplace Safety & Health Division

Bureau of Labor Standards

45 State House Station

Augusta, Maine 04333-0045

Tel. 207-623-7900

TTY (800)794-1110

Fax (207)623-7938

**Public Sector Employee Complaint Form**

*If you are an employee of a state agency, county government, a municipality or any division thereof, a water district, sewer district, school district or any quasi-municipal agency and want to report your employer has discriminated or retaliated against you for reporting a safety or health violation, fill out the form and mail or fax to the address above or use the submit button at the bottom.*

*If you have any questions about filing a complaint or completing this form, call 207-623-7900*

*Please check one: I am an Employee ( ) Employee Rep.( ) General Public ( ) Other*

*Today’s Date:*

*Your name: Phone:*

*Address city/town: Zip:*

*Your email address:*

*Your employer: Employer’s phone:*

*Employers address:*

*Employer’s name:*

*Specific location of the alleged violation(s):*

*Does the alleged violation threaten imminent death or serious harm? Yes ( ) No( )*

*Has the condition been discussed with your employer and no action taken? Yes ( ) No( )*

*Check one: DO NOT reveal my name ( ) You can use my name ( )*

*Describe the alleged violation:*

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