

**State of New Mexico
Occupational Health & Safety Bureau
Complaint Form**

Circle Employee Status	Current Employee	Ex-employee	Other
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Circle Choice	Do not reveal my name to employer	My name may be revealed to employer
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Employer Information

Establishment Name

Establishment Address

Site Address

Phone Number

Management Official

# of Employees in establishment	# of affected Employees
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Circle Union Status	Union	Non-union	Don't know
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Union Phone Number	Union Contact
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Union Name	Local #
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Type of business

Employee Information

Name

Address

Phone Number

Job Title or description

How long with Employer?

Signature	Date
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Enter nature of complaint below (attach additional sheets if necessary)