



Kahnawà:ke Labor Office

Department of Occupational Safety and Health

Notice of Alleged Safety or Health Hazards

Instructions for Employees:

Completely fill out the form as accurately as possible. Describe each hazard you think exists in as much detail as possible. If the hazards in your complaint are all not in the same area, identify where each hazard can be found at the worksite. If there is any particular evidence which supports your suspicion of a hazard that exists, include it in your description (For example: a recent accident, physical symptoms of employees at the worksite). If you need more space than what is provided on this form, continue on a separate sheet of paper and attach to this form. After form is complete, return it to the Kahnawà:ke Department of Occupational Safety and Health office.

Instructions for MCK Employees:

This report is provided to assist MCK employees, authorized representatives or MCK contractors and sub-contractors in registering a report of unsafe or unhealthful working conditions within MCK operations. Complete this form as accurately and completely as possible. Attach any evidence which supports your suspicions and return it to the Kahnawà:ke Department of Occupational Safety and Health. If you need more space than what is provided on this form, continue on a separate sheet of paper and attach to this form.

Instructions for General Public:

Completely fill out the form as accurately as possible. Describe each hazard you think exists in as much detail as possible. If the hazards in your complaint are all not in the same area, identify where each hazard can be found at the worksite or workplace. If there is any particular evidence which supports your suspicion of a hazard that exists, include it in your description (For example: imminent danger, an recent accident, physical symptoms of an employee or photos). If you need more space than what is provided on this form, continue on a separate sheet of paper and attach to this form. After form is complete, return it to the Kahnawà:ke Department of Occupational Safety and Health office.

Note:

The Occupational Safety and Health regulations provide explicit protection for employees exercising their rights, including making safety and health complaints. It is unlawful to make any false statements, representation or certification in any document filed with the Kahnawake Department of Occupational Safety and Health. Violations are punishable by a fine of not more than \$5000.00 or by imprisonment or both.

KDOSH1402-004 (Rev 12/15)



Kahnawà:ke Labor Office

Department of Occupational Safety and Health

Complaint Number:			
Establishment name:			
Site Address/Location:			
City/Territory:			
Via Province:		Postal Code:	
Site Phone:		Site Fax:	
Site Project Manager:		Cell:	
Type of Business:			
Type of work being performed:	<input type="checkbox"/> Construction <input type="checkbox"/> General Industry <input type="checkbox"/> Healthcare		
Controlling Contractor:			
Mailing Address:			
City/Territory:			
Via Province:		Postal Code:	
Phone:		Fax:	
Project Superintendent:		Cell:	
Hazard Description/Location: Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite location where the alleged violation exists.			
Has this condition been brought to the attention of:	<input type="checkbox"/> Employer <input type="checkbox"/> Other MCK Dept. (specify below): _____		
Please indicate your desire:	<input type="checkbox"/> DO NOT reveal my name to employer <input type="checkbox"/> My name may be revealed to employer		
The undersigned believes that a violation of an Occupational Safety or Health standard exists which is a job safety or health hazard at the establishment named on this form.	Person filing complaint is a member of: (Mark "X" in ONE box). <input type="checkbox"/> Former Employee <input type="checkbox"/> Current Employee <input type="checkbox"/> Employee Representative <input type="checkbox"/> General Public <input type="checkbox"/> Other MCK or Public agency: _____		
Complainant Name:		Phone:	
Address: (Street or P.O. Box, City or Territory, Province, Postal Code)			
Signature:		Date:	
If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:			
Organization Name:		Your Title:	

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