

# WHISTLEBLOWER COMPLAINT FORM

**Iowa Division of Labor  
OSHA Enforcement**  
150 Des Moines Street  
Des Moines, IA 50309-1836  
Phone: 515-725-5603 | Fax: 515-281-7995  
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## FOR OFFICE USE ONLY

Filing Date	
Sent By	
Date	Time
Investigation Planned	Yes    No
Investigation Number	

Complainant name		I am:    employee    Employee representative Other:	
Mailing address		City	State    Zip
Home phone	Mobile phone	Email	
Date of hire	Job title	Union representative	
Preferred method of contact:    Email    Phone    Text    Mail		Preferred contact time:	Other
Employer name			
Mailing address		City	State    Zip
Site address <small>Same as mailing address</small>		City	State    Zip
Phone number	Fax number	Email	
Supervisor name		Supervisor job title	
Type of business	Who was responsible for the alleged retaliation?	Job title	
Type of retaliation	Other retaliation	Date action was taken	
What reasons were you given for the actions?			
Why do you believe these actions were taken?			
Have you filed previous complaints against this employer? Yes    No		If Yes, what was the complaint number?	Date filed
Have you taken any other actions to appeal, grieve or report this matter? Yes    No		If Yes, to whom?	Date filed
Comments			
<b>Signature</b>		<b>Date</b>	