State of Rhode Island and Providence Plantations
Rhode Island Department of Labor and Training
WORKFORCE REGULATION & SAFETY BLDG. 70/2
1511 Pontiac Avenue. P.O. Box 20157
Cranston, RI 02920-0944

OFFICIAL USE ONLY:

File Number: _____
Date Received: _____
Dated Closed: _____
Investigated By: _____

RIGHT-TO-KNOW COMPLAINT FORM

Complete both sides of this form, sign and return to the address above; **do not fax or email.** Type or print clearly. **Incomplete forms will be returned**. Complete ALL items to the best of your knowledge. Enclose any copies of documentation that may be relevant to your claim. Please notify this office immediately by mail if you have a change of address and / or phone number.

EMPLOYEE INFORMATION:

1. First and Last Name: _____

2. Address (Number & Street): _____

City/Town: _____ State: _____ Zip Code: _____

3. Home phone: _____ 4. Cell phone: _____ 5. Email: _____

6. Title/Occupation or Type of Work: _____

EMPLOYMENT INFORMATION: (complaint will not be accepted unless this section is completed)

7. Business Name: _____ 8. Business Phone: _____

9. Business Address (Number & Street, ***NOT P O Box***): _____

Business City/Town: _____ State: _____ Zip Code: _____

10. Other Business Name (s) that might be used by employer: _____

11. Name of Supervisor: _____ 12. Title: _____

13. Are you currently working at business address listed above? ○ Yes ○ No

14. Please check ***all*** the reason(s) why you are filing this claim:

- ☐ No Right-to-Know annual training
- ☐ Right-to-Know poster not displayed
- ☐ No access to hazardous substance list
- ☐ Safety data sheets not available
- ☐ Request for chemical information denied
- ☐ Other

Please explain here:

15. Did you notify your employer of your complaint? ○ Yes ○ No
If yes, who did you notify?

Name: _____ Title: _____

What was his/her response?

16. Did employer attempt to correct your complaint issue? ○ Yes ○ No
If yes, what attempt did employer make to resolve your complaint?

I hereby certify that to the best of my knowledge and belief that this is a true statement of the facts relating to my complaint. I understand that this complaint will be reviewed and I will be contacted with the results of the review and if necessary appear before the Occupational Safety & Health Review Board.

Signature: _____ Date: _____

Print Name: _____