Department of Business and Industry/Division of Industrial Relations Mine Safety and Training Section 1886 College Parkway, Ste 120, Carson City NV 89706 Phone (775) 684-7085 Email: mines@dir.nv.gov Web page: http://dir.nv.gov/MSATS/Home/

Safety or Health Hazard Complaint Form

Mine/Company Name				Date		
Address						
Company Phone						
Mailing Address						
Management Official		Telephone				
Type of Mine	□ Surface	□ Surface □ Underground				
HAZARD DESCRIPTION/LOCATION: Describe briefly the hazard(s) which you believe exist and on what date you last observed the hazard(s). Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.						
Has this condition been brought to the attention of:	□ Employer	□ Other (Governn	nent Aç	gency(specify):	
The MINE Act gives employees and employee representatives the right to request that their names not be revealed to their employer. Providing your name and address will only allow MSATS staff to communicate with you regarding your complaint. Please Indicate Your Desire:		□ Do NOT reveal my name to my Employer □ My name may be revealed to the Employer				
The Undersigned believes that a violation of a Mine Safety or Health standard exists which is a job safety or health hazard at the mine site named on this form. (Mark "X" in ONE box).		 Former Employee Current Employee Representative of Employees Federal Safety and Health Committee Other (specify) 				
Complainant Name			Telepho	one		
Address(Street, City, State,Zip)		I				
Email Address						
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:						
Organization Name.						

You can return this form to us thru mail or email listed on top of this form.