

DEPARTMENT OF INDUSTRIAL RELATIONS
Division of Occupational Safety and Health
(District office)



P & P C-7 and C-7A Letter "a"
INVALID COMPLAINT
CONFIDENTIAL

Date

Name

Address

City, State Zip Code

Dear (Name of Complainant):

I have received your complaint (Complaint No. _____) of alleged hazards at (establishment name and address).

After careful review, I have decided not to conduct an investigation because: *[select one or more of the following reasons and delete the others along with this instruction]*

1. The complaint is too vague to tell whether a workplace hazard exists.
2. As a result of a previous inspection conducted on *[give date]*, the hazard(s) you brought to my attention (is/are not present)(has/have been corrected) or (will shortly be corrected). *[choose one and delete the others along with this instruction]* Attached are copies of citation(s) issued during the previous inspection, if applicable.
3. The hazard(s) you brought to my attention do/does not fall within the jurisdiction of the Division of Occupational Safety and Health. As a result, your complaint has been referred to *[if applicable, indicate where referral was sent and delete this instruction]*.
4. *[Provide any other reason for which an investigation will not be conducted and delete this instruction]*.

If you are able to provide additional information about your complaint which you think I should consider, or disagree with my decision and would like to review the reasons for the decision, please contact me at the address on the letterhead.

If you are still unsatisfied with the action taken by me on your complaint after reviewing the reasons with me, you have the right to review my decision with my Regional Manager.

California law protects any person who makes a complaint about a workplace safety or health hazard from being treated differently, discharged or discrimination against in any manner by their employer. If you believe that you have been discriminated against because you made a complaint to the Division of Occupational Safety and Health, you may file a discrimination complaint with the nearest office of the Division of Labor Standards Enforcement (Labor Commissioner). However, you must file your complaint within six (6) months of the discriminatory action.

Thank you for your concern about workplace safety and health.

Sincerely,

District Manager

/xx (Typist's Initials)

enclosure: Citation(s) from previous inspection, *if applicable*

reference: Complaint No. _____ - Ltr A