

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



**P & P C-7 and C-7A Letter "F"**  
**ACKNOWLEDGEMENT TO COMPLAINANT**  
**ABOUT WRITTEN/ORAL COMPLAINT**  
**CONFIDENTIAL**

Date

Name

Address

City, State Zip Code

Dear (Name of Complainant):

This letter is to acknowledge receipt of your complaint (Complaint No. \_\_\_\_\_) about safety and health hazards at (establishment name and address). Your complaint will be handled in accordance with the policies and procedures of the Division. You will be informed of the results of the inspection when they are available.

California law protects any person who makes a complaint about a workplace safety and health hazard from being treated differently, discharged or discriminated 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 interest in safety and health.

Sincerely,

District Manager

/xx (Typist's Initials)

reference: Complaint No. \_\_\_\_\_ - Ltr F