

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



**P & P C-7 and C-7A Letter "g"**  
**NOTIFICATION TO COMPLAINANT**  
**SATISFACTORY EMPLOYER RESPONSE TO LETTER "d" or "m"**  
**CONFIDENTIAL**

Date

Name  
Address  
City, State Zip Code

Dear (Name of Complainant):

On (date), the Division of Occupational Safety and Health received your complaint (Complaint No. \_\_\_\_\_) of the following hazardous condition(s) at (establishment name and address):

*[Modify hazardous condition(s) below as needed AND remove this instruction before sending.]*

(Employer's name) has advised the Division that the hazard(s) you complained about has/have either been identified and corrected and/or determined not to exist. A copy of the employer's response is enclosed.

Based on this information, the Division believes that the complaint can be closed. If you do not agree with these findings, please contact me within ten (10) days of the date of this letter. If I do not hear from you, I will assume that the hazard(s) has/have been adequately investigated and/or corrected and will close the complaint.

Thank you for your concern about workplace safety and health.

Sincerely,

District Manager

/xx (Typist's Initials)

enclosure(s): Employer response letter(s)  
reference: Complaint No. \_\_\_\_\_ - Ltr G