

FORM NO-02

Filing of Complaint Against a Minor Employer

Instructions: In pursuant to A.S.C.A. 32.0521(c)(1), any employee of a "minor employer" (employing 2 or less employees) may file a complaint against such employer if engaging in an occupation hazardous to employees. To file a complaint before the Commission, the employee must complete and file this complaint form with the Commission's Office. The Commissioner shall issue an order within 10-days after filing for the employer to appear and show cause on the complaint filed.

1. Name of Employee Filing Complaint:		2. Name of the Employer or Business:		3. Name of Business Owner:	
4. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		5. Employee's Nationality:		6. Employee's Occupation:	
7. Total Years Employed:					
8. Explain the nature of your complaint and specify in detail all occupational hazards cited against the employer. Also clarify if the employer knew of such hazard and made any effort to address the issue. (All documentations or records necessary to prove your claim against the employer must be submitted and enclosed together with this form):					
9. Have other employees been injured or affected by the hazard? <input type="checkbox"/> Yes <input type="checkbox"/> No			10. How many other employees affected by the hazard – if any:		
11. Employee's Contact Information: Mailing Address: Telephone: _____ Email Address: _____			12. AUTHORIZATION: X _____ SIGNATURE OF EMPLOYEE _____ DATE OF NOTICE		

FILED
*** AUTHORIZED OWCC PERSONNEL ONLY ***



WCC CASE NO. ASSIGNED

WCC NO.: CME# _____