

Safety and Health Complaint Responses

Safety Services

Public Employment Risk Reduction Program 30 W. Spring St., 25th Floor, Columbus, OH 43215-2256 614-644-2246 or 800-671-6858

Fax: 614-644-3313

6. 014-044-3313 bwc.ohio.gov

As required by **Ohio Revised Code §4167.10(B)(2)**, the response below is hereby submitted in reference to an employee complaint filed with the Public Employment Risk Reduction Program that alleged the existence of hazardous conditions in the workplace.

Employer name		
Employer address		
Complaint number	Item number	Corrective estion as moleted data
Complaint number	item number	Corrective action completed date
Corrective action on this item has been cor ☐ Yes ☐ No	npleted: (Check one)	1
Description of corrective action take hazard correction, e.g., photographs,	n: Attach any appropriate documentar invoices, training records, etc.	y evidence that will clearly substantiate



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ployer address		
mplaint number	Item number	Corrective action completed date
	nas not been completed if applic	
		ger within the 30-day period or if the public employer fator's designee shall investigate and inspect the public
	rovided in Ohio Revised Code §4	
· ·		
		Data of simpsture
Signature of employer's authorized representativ	zeu representative	Date of signature
		L

alleged violation or danger within 30 days after receipt of the notice.

the alleged violation or danger. The public employer must respond to the administrator, in a method determined by the administrator, concerning the

This form is provided to assist employers required to submit documentation required by this statute. This form is not intended to constitute

the exclusive means by which a complaint response may be submitted to the Public Employment Risk Reduction Program.

Ref. ORC §4167.10(B)