



Iowa OSHA Whistleblower Questionnaire

Date _____

Name _____

Address _____

City, State, Zip _____

Telephone Number _____ Cell Phone Number _____

E-Mail Address _____ Date Hired _____

Action: (Terminated/Laid off/Disciplined/Other) _____

Date Above Action Taken _____

Final Wage,\$-per hr/wk/mo _____ Job Title _____

Department _____ Immediate Supervisor _____

Employer Name _____

Address _____ City, State, Zip _____

Telephone Number _____

Company Official and Title _____

This questionnaire, consisting of ____ pages, contains facts that are true and correct to the best of my knowledge and belief. I understand that Iowa Code 88.14(7) makes it a crime to knowingly make a false statement, representation, or certification in any application, record, report, plan, or other document.

Signature

Date

Union: ___Yes ___No Name of Union_____ Number of Members_____

Union Local #_____Address_____

City, State, Zip_____

Steward_____Telephone#_____

Business Agent_____Telephone#_____

What was the company reason for the action taken and company official taking that action?

What do you believe the reason was for the action taken against you? (Give short explanation)

Was an action taken against any other employee(s) for the same reason? (If so, include name(s) address (es) and phone number(s) for those individual(s)

Have you applied for Unemployment Insurance? _____ Date _____ Appeal _____

Have you ever refused to perform any work? (Explain)_____

Have you ever received discipline such as reprimands or warnings? _____ Explain: _____

Have you ever complained to the company about what you felt was an unsafe workplace condition and to whom did you complain? If so, what was the unsafe workplace condition and when did you report it?

Have you ever complained to any regulatory agency concerning workplace safety and/or health problems in your workplace that resulted in an inspection? _____ If so, please provide the name of the agency, phone number, date of complaint, and the reason for the complaint: _____

Did company officials know of your complaint? Who knew and how do you think they knew?

Did any other employee(s) know of your complaint? If so, include name(s), address (es) and, phone number(s)

List any individuals (witness) that can support your claim of discrimination because of your workplace safety and/or health activities. Provide name(s), address (es) and phone number(s) and give a brief explanation such as a conversation they may have overheard between yourself and a supervisor, between company officials, etc.:

In order to assist us in processing your complaint, please give a **detailed** account of the events leading up to the action that was taken against you. Include dates, times, and individuals name(s) and position(s), witnesses name(s) to an event/conversation(s) and anything you feel may be pertinent to your case. ***INITIAL AND DATE ALL PAGES. BE SURE YOU HAVE SIGNED AND DATED THE FIRST PAGE UPON COMPLETION. (PRINT CLEARLY, TYPE, OR ATTACH COMPUTER COPIES DATED AND SIGNED)***

Initials_____ Date_____

Release Form

I authorize _____ to release to Iowa OSHA copies of my personnel file, medical records and any documentation asked for.

Print Name

Signature

Date