



Sample Followup Questionnaire

COMPLAINANT FOLLOW-UP QUESTIONNAIRE

We are in receipt of your complaint dated June XX, 2001 alleging that discriminatory action has been taken against you. To assist us in better serving you, we request that you complete this follow-up questionnaire. Please correct any misinformation that has been recorded or provide us with information that is missing. You may also submit copies of any documentation such as (1) discharge slips, (2) pay stubs, (3) performance evaluations, and/or any other evidence which you believe support your claim. Please note that failure to return this completed form, to the address noted above, as soon as possible may result in a delay of our investigation and closing of your file.

Please print in black or blue ink, or type

1. Complainant Information: (Please notify this office immediately of any change)

Name: John Doe

Address: 200 Smith Street

Anywhere, PA 12345

Contact Telephone Number: (800) 555-1212

2. Respondent Information:

Company Name: I.M. Employer

Address: 200 Smith Lane

Address: Somewhere, PA 12345

Company Representative: Ms. Sue P. Visor, Officer Manager

Contact Telephone Number: (800) 555-1213

3. How many employees worked with you at this company or job site: _____
4. What kind of business is this, e.g., manufacturer, construction, shipping, transportation, agriculture?

5. Do you belong to a Union? If so, what is the Name, Local, and Representative name and telephone number?

6. What was the first date of your employment? _____
7. What was your last date of employment, if applicable? June XX, 2001

8. What was your job title? _____

9. Briefly describe your job duties and responsibilities: _____

10. What type of adverse action was taken against you, e.g., termination, suspension, lay-off?

I was suspended for 2 days and then fired

11. What was your final wage rate? \$ _____ per (Circle one) Hour / Week / Month / Year

12. What was the date of this adverse action? June XX, 2001

13. What was the average number of hours that you worked per week? _____

14. What is the name and job title of your immediate supervisor: _____

15. In your opinion, *why* did your employer take adverse action against you? _____

16. Do you have a copy of anything in writing regarding the termination, lay-off, etc?

Circle one: **YES** **NO** *If YES, send a copy of it to OSHA.*

17. Did you make any complaints to your employer? Circle one: **YES** **NO**

18. What did you complain about? _____

19. Whom did you complain to? Name: _____ Job Title: _____

20. When was your most recent complaint made? _____

21. Did anyone else hear you complain to the employer? If so, what is this person(s) name and telephone number: _____

22. If you filed a safety/health complaint(s) with OSHA or any other agency (such as the DOT, DOE, EPA, NRC, FAA a state enforcement agency, or the company's safety program) describe the complaint and which agency and which office of the agency (include phone number) you complained to:

23. What was the date(s) that you filed this safety/health complaint: _____

24. Does anyone at work know that you filed a complaint? If so, list his/her name and telephone number:

25. Does management know that you filed a safety/health complaint? If yes, why do you think or suspect that they know?

26. Did OSHA (or other agency) *conduct an inspection* at your work site? If so, what was the date of the inspection, and its outcome?

27. If you *refused* to do a work assignment, describe WHY you refused to do it, and what assignment did you refuse to do:

28. Who did you voice your refusal to? Name: _____ Job Title: _____

29. When did you refuse the job assignment? Date: _____ Time: _____

30. Had you done this work assignment before? Circle one: **YES** **NO**

31. When was this? Date(s) _____ How was the work assignment different this time?

32. Did you call OSHA *before* you refused to do the work assignment? If no, why not? Was there time to call OSHA? _____

33. Were you offered other work to do? If yes, what was it? _____

34. Did you ask your supervisor if you could perform another task rather than the one you refused? If yes, what happened?

35. Have you worked since leaving this employment? If so, where? _____

36. Have you looked for another job since leaving this employment? Circle one: **YES** **NO**

37. What will the employer say is the reason the adverse action was taken against you? _____

38. Does this complaint involve *commercial motor vehicle safety*? Circle one: **YES** **NO**

NOTE: If "NO," go to item # 44. If "YES," please answer items 39 through 44.

39. Does the vehicle have a gross weight rating or gross vehicle weight of 10,001 or more pounds?
Circle one: **YES** **NO**

40. Is the vehicle designed to haul more than 10 passengers, including the driver?
Circle one: **YES** **NO**

41. Does the vehicle haul any hazardous materials that require a placard?
Circle one: **YES** **NO**

42. Is the vehicle driven on interstate highways or roads leading to interstate highways?
Circle one: **YES** **NO**

43. Is the vehicle driven across state lines?
Circle one: **YES** **NO**

44. Does the vehicle contain passengers, cargo or fuel from out-of-state?
Circle one: **YES** **NO**

45. If your employment was terminated, are you interested in returning to work for your previous employer? Circle one: **YES** **NO**

46. In the box below, list names and telephone numbers of witnesses who can support your claim. Be sure to print clearly:

Witness Name	Telephone Number with Area Code

47. Additional comments (Please feel free to attach additional pages, if necessary):

ATTENTION! READ THE FOLLOWING SENTENCE CAREFULLY BEFORE SIGNING!

I certify that the responses in this questionnaire are true and correct to the best of my knowledge and acknowledge that knowingly providing false information may subject me to the penalties outlined in Section 17(f) of the Occupational Safety and Health Act of 1970, 29 U.S.C. §666(g), and 18 U.S.C. §1001, and may negatively impact the outcome of my case.

Signature: _____ Date: _____

RETURN THIS AS SOON AS POSSIBLE TO:

Mr. I.M. Supervisor
Regional Supervisory Investigator
U.S. Department of Labor/OSHA
Street Address
City, State Zip
Telephone Number
Fax Number