

Appendix J
Sample Acknowledgement Letters to CASPA Complainants

Name Release Form

Complaint About State Plan Administration (CASPA)

Your name will be withheld and is considered confidential, unless you give specific authorization for its release.

I, (complainant's name) do authorize that my name be disclosed by the Occupational Safety and Health Administration in the conduct of its investigation relative to my CASPA.

Signature: _____

Date Signed: _____

I, (complaint's name) do not waive my rights of confidentiality in that my name is *not to be disclosed* by the Occupational Safety and Health Administration in the conduct of its investigation relative to my CASPA.

Signature: _____

Date Signed: _____