

Sample Request Letter 16

NJPEOSH COMPLAINT COVER LETTER FROM UNION

Date:

Address: *(Pick the applicable NJPEOSH Office)*

(Health Complaints)

New Jersey Department of Health and Senior Services
NJPEOSH Program
PO Box 360, Trenton, NJ 08625-0360

(Safety, Recordkeeping and Discrimination Complaints)

New Jersey Department of Labor and Workforce Development Office of Public
Employees Safety
PO Box 386, Trenton, NJ 08625-0386

RE: Attached Complaint

Dear NJPEOSH Program,

As the authorized employee representative for affected employees, we are filing the attached complaint. We wish to participate fully in all stages of the inspection including opening conference, walkthrough, record reviews, industrial hygiene monitoring, and closing conference. We request that the inspector contact at least one of the individuals listed below as soon as he or she arrives on-site for the inspection. We also request that you postpone the inspection if none of the following individuals can be reached.

(Name and home, work, and cell phone numbers for several officers and leaders)

(Only where groups of employees have different representatives)

Since groups of employees have different representatives, we request different employee representatives for different phases of the inspection or that more than one employee representative be permitted to accompany the inspector throughout the inspection.

(If applicable)

A bilingual inspector or translator is requested to talk to workers, who speak
(*languages*).

Sincerely,

Name/Signature (*Authorized Employee Representative/Union Representative*)
Address