



Safety, Health, and Essential Rights Complaint Form

You may submit this form to the address above or email it to Airborne.Infectious.Diseases@labor.ny.gov

Please use this form to file a complaint regarding any of the following areas:

- New York State Labor Law Section 218-b, the requirement for Airborne Infectious Disease Exposure Prevention Plan Law, protects private sector employees against exposure and disease during a future airborne infectious disease outbreak by requiring an Airborne Infectious Disease Exposure Prevention Plan (AIDEPP) be developed and adopted.
- New York State Labor Law Section 27-D requires a private sector employer to permit employees to create a workplace safety committee.
- New York State Labor Law Section 27-C requires employers (State, City, Town, County – agencies) to adopt a plan for operations, employee protection in the event of a declared public health emergency involving a communicable disease or other natural or man-made event that disrupts normal operating procedures and delays services to be provided to the public. (Federal entities and Schools (NYS Education) are not covered)
- New York State Labor Law Sections 780-788 requires employers at warehouses and distribution centers (of a certain size and within certain NAICS codes) to provide work speed data to employees and inform them if they are subject to a work quota and other related information.
- A complaint may be filed if your employer has threatened you, fired you or otherwise retaliated against you for exercising your rights under any of the above-mentioned areas.

Your complaint will remain anonymous to the extent possible. In cases of warehouse worker protection and retaliation it is not possible to maintain anonymity.

I am filing a complaint because:

- I work in the private sector (non-governmental) and my workplace does not have controls in place to protect me from airborne infectious disease exposure.
- I work in the private sector (non-governmental) and my employer is not permitting a workplace safety committee to be formed or meet to discuss workplace safety issues.
- I work in the public sector (state or local government – does not include employees of Federal entities or public schools) and my workplace does not have a written plan for operations in the event of a declared public health emergency.
- I am subject to a quota and was not made aware of it in writing by my employer. My employer is a warehouse distribution center that falls in one of the following NAICS codes: 493, 423, 424, 454, 110 or 492, 110 and either has 100 employees at one location or 1000 employees at warehouses within the state of NY.

For all complaints, please answer all questions in Parts 1 – 5 (Questions 1 – 45).

For complaints regarding:

- Part 6 – Airborne Infectious Disease Exposure Prevention Plan, answer questions 46-50.
- Part 7 – Workplace Safety Committee, answer questions 51-58.
- Part 8 – Emergency Preparedness Plans for Public Employers, answer questions 59-62.
- Part 9 – Warehouse Worker Protection, answer questions 63-66.

Part 1 – Complainant Contact Information (this section is to be filled out for all types of complaints)

1. First Name:
2. Middle Name:
3. Last Name:
4. Nickname at work:
5. Home mailing address:
 - a. Number:
 - b. Street:
 - c. Floor/RM/Suite#:
 - d. City/Town:
 - e. State:
 - f. Zip Code:
6. Phone (primary):
7. Phone (other):
8. Email address:
9. Preferred/Primary Language:

Part 2 – Advocate Information (If Applicable)

10. Name:
11. Title:
12. Organization:
13. Address:
 - a. Number:
 - b. Street:
 - c. Floor/RM/Suite#:
 - d. City/Town:
 - e. County:
 - f. State:
 - g. Zip Code:
14. Phone:
15. Email Address:

Part 3 – Employer Information (this section is to be filled out for all types of complaints)

16. Business Name:

17. Number of Employees:

18. Legal Name (if different):

19. Legal Entity Type (if known):

- Individual
- LLC
- Partnership
- Corporation
- Government Entity
- Other

20. Mailing Address

a. Number:

b. Street:

c. Floor/RM/Suite#:

d. City/Town:

e. County:

f. State:

g. Zip Code:

21. Business Phone:

22. Business Email:

23. Owner's Name and Title:

24. Owner's Mailing Address

a. Number:

b. Street:

c. Apt#:

d. City/Town:

e. County:

f. State:

g. Zip Code:

25. Owner's Phone:

26. Owner's Email:

Part 4 – Employment Information (this section is to be filled out for all types of complaints)

27. Job Title:

28. Type of work you performed:

29. Date hired:

30. Name and title of person who hired you:

31. Name of your manager/supervisor/foreperson:

32. Name of HR/Payroll Representative:

33. Worksite Address

a. Number:

b. Street:

c. Apt#:

d. City/Town:

e. County:

f. State:

g. Zip Code:

34. Did you regularly travel outside New York State for work?

Yes No

35. Current relationship with business:

Still employed

Terminated

Quit

Temporarily laid off

Laid off

36. Last day worked (*if applicable):

37. Were you a member of a union?

Yes No

If yes, union name and Local No.

Part 5 – Pay Information (this section is to be filled out for all types of complaints)

38. Your Rate of Pay: \$ _____
 per Day Week Hour Other

39. Your overtime rate of pay:

40. Did you earn tips on a regular basis:

Yes No

41. If “Yes” how much on average per hour:

42. What is/was your payday:

Monday Friday
 Tuesday Saturday
 Wednesday Sunday
 Thursday

43. What period did this cover? (E.g., Sat through Fri)

44. How often are/were you paid?

Daily Every two weeks
 Weekly Other

45. How are/were your wages paid?

Cash Pay card
 Check Combination
 Direct Deposit

Please fill out your regular work schedule

Workday	Time Workday Started	Time Workday Ended	Time off for Meals	Total hours
Example	10:00 AM	11:00 PM	30 minutes	12.5 hours
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Total Weekly Hours:				

If you were fired, have you been re-hired elsewhere? When?

If you were fired, are you interested in pursuing re-instatement?

Part 6 – Airborne Infectious Disease Exposure Prevention Plan (AIDEPP) Concerns

Please answer questions 46-50 if your complaint involves a concern about the lack of or a non-compliant airborne infectious disease plan at your workplace.

46. Does your employer have an Airborne Infectious Disease Exposure Prevention Plan?

Yes No

47. Is the plan available for employee review?

Yes No

48. Do you feel as though the plan is adequate and appropriate?

Yes No

49. How are employees made aware of the plan?

50. Please describe your complaint in detail and add any relevant information.

[Additional space on Page 8 if needed]

Part 7 – Workplace Safety Committee (WPSC)

Please answer questions 51-58 if your complaint is in regard to your employer not allowing or a non-compliant workplace safety committee.

51. Was there an attempt to create a WPSC made by employees?

Yes No

52. Was a written request submitted to the employer (or representative) by at least 2 non-supervisory employees? (You will be asked to provide a copy)

Yes No

53. When was it submitted and to whom? (name, phone number and title")

54. Did your employer respond to or acknowledge the request? (with reasonable promptness)

55. If so, when did they respond and how? What did they say? Was the response in writing? (you will be asked for a copy)

56. If the employer did acknowledge the request, did the employer provide notice to all employees advising of the committee formation? (within 5 days of the request)

Yes No

57. Did the employer interfere with the selection of the non-supervisory employees for the safety committee?

Yes No

58. Please describe your complaint in detail and add any relevant information.

[Additional space on Page 8 if needed]

Part 8 – Emergency Preparedness Law (EPL) (public sector employment)

Please answer questions 59-62 if you are a public employee (Federal and School employees are exempt) and your complaint is regarding the lack of or a non-complaint continuity of operations plan for your workplace.

59. Does your public employer have a plan to continue operations during a public health crisis or other emergency (natural or man-made)?
 Yes No
60. Does the plan include protections for employees including providing personal protective equipment, staggered shifts, telecommuting options and increased cleaning schedules for common areas if possible?
 Yes No
61. Is the plan available for employee review?
 Yes No
62. Please describe your complaint in detail and add any relevant information.
[Additional space on Page 8 if needed]

Part 9 – Warehouse Worker Protection

Please answer questions 63-66 if you work at a warehouse or distribution center (that employs either 100+ employees at 1 location in NYS or over 1000 employees statewide) and you were subject to a quota and not notified.

63. Has your employer imposed a quota on your work output?
 Yes No
64. If yes, has your employer provided the information about the quota criteria in writing?
 Yes No
65. Does meeting the quota cause you to miss your lunch or breaktimes?
 Yes No
66. Please describe your complaint in detail and add any relevant information.
[Additional space on Page 8 if needed]

