



U.S. DEPARTMENT OF LABOR

Occupational Safety and Health Administration

OSHA ONLINE WHISTLEBLOWER COMPLAINT FORM

Have you suffered an adverse employment action?

One selection is required

To have a valid complaint, you must allege that your employer took at least one adverse employment action against you. An action is "adverse" if it negatively affected your conditions of employment in any way (see examples below).

If yes, please list your most recent adverse employment action:

☐ **Termination / Layoff**☐ **Discipline**☐ **Demotion / Reduced Hours**☐ **Suspension**☐ **Denial of Benefits**☐ **Failure to Promote**☐ **Failure to Hire / Re-hire**

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☐ **Negative Performance Evaluation**

☐ **Threat to Take any of the Above Actions**

☐ **Harrassment / Intimidation**

☒ **Other (please describe)**

Preemptive filing - no adverse action yet

41 / 50

When did you suffer the most-recent adverse action?

Each whistleblower protection law that OSHA administers requires that complaints be filed within a certain number of days after the alleged adverse employment action. The time periods vary from 30 days to 180 days, depending on the specific law (statute) that applies. For example, Section 11(c) of the OSH Act, which covers workplace safety and health matters, requires that a complaint be filed within 30 days of the adverse employment actionadverse employment action. Under certain extenuating circumstances, however, OSHA may accept a complaint filed after the deadline has expired. [Review a summary of the filing deadlines that apply to each statute.](#)

Date of Most-Recent Adverse Employment Action Required - please enter mm/dd/yyyy)

* 2025-08-01

Set

(If you cannot remember the exact date, please enter the approximate date.)

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Why do you believe you suffered the adverse employment action(s)? (at least one required)

Please check all that apply:

[Filing Requirements](#)

☒ **Called / Filed complaint with OSHA**

☐ **Called / Filed complaint with another government agency**

☐ **Complained to management about unlawful conditions, conduct, or practices**

☐

Testified or provided statement in a proceeding (e.g., government inspection or investigation)

☐

Because you engaged in protected concerted activities regarding workplace safety and/or health activities

☐ **Reported an injury, illness, or accident**

☐ **Participated in safety and health activities**

☐ **Refusing to perform a task the employee believes is dangerous or illegal**

☐ **Other (please describe below)**

Why do you believe you suffered adverse employment action(s)?

Preemptive filing - no adverse action yet, but anticipating retaliation for OSHA complaint.

91 / 2000

Submit Feedback

Is there anything else that you would like OSHA to know about what happened?

Submitting this as a formal preemptive whistleblower complaint due to foreseeable retaliation risk for reporting OSHA violations internally and externally.

155 / 2000

When you suffered the adverse action, who did you work for?

Company Name * Amazon**Is this a private or public sector employer? (Required)**☒ **Private**☐ **Public**

When you suffered the adverse employment action, where was your worksite?

(e.g., home office; official duty station; dispatch; home terminal)

Worksite Address when Alleged Retaliation Occurred (Street, City, State, Zip):

Street: 8727 Harney Road**State:** * Florida

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City: TEMPLE TERRACE

Zip: 33637

☐ **Location on Federal or Military Base**

What is the name of the person who issued the adverse employment action(s), title or position, and contact information?

Submitting this as a formal preemptive whistleblower complaint due to foreseeable retaliation risk for reporting OSHA violations internally and externally.

155 / 1000

What reason(s) did your employer give for the adverse action(s)?

Submitting this as a formal preemptive whistleblower complaint due to foreseeable retaliation risk for reporting OSHA violations internally and externally.

155 / 1000

How can OSHA contact your employer?

Employer Name (if different from "Company Name" above): Amazon

Name and Title of Management Person (*for contact purposes only*)

Name:

Erik

Hanssen

Title: Director, WHS Programs

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Phone: 303-809-6474

Ext

Name and Title of Your Supervisor:

Name:

Luke

Seely

Employer Mailing Address (*if different from worksite address, i.e., Corporate or Headquarters, etc.*):

Street: 410 Terry Avenue North

State: Washington

City: SEATTLE

Zip: 98109

Employer Phone: 206-266-1000

Alt Phone:

Employer Fax:

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Alt Fax:

Employer Email: jeff@amazon.com

Type of Business: Retail and fulfillment

How can OSHA contact you?

Please complete all required fields

Name (Required):

* Ethan

R

* Womack

Mailing Address (Street, City, State, Zip) (Required):

Street: * 25271 Wesley Chapel Blvd #417

State: * Florida

City: * WESLEY CHAPEL

Zip: * 33544

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Telephone Numbers (include area code) (**at least one required**):

Home: 352-806-2412

Work:

Ext

Cell:

☐ **No Telephone Available**

Email Address (Required): erwomack@amazon.com

Confirm Email Address (Required) erwomack@amazon.com

Other Contact Person?

Name:

Cody

Henderson

Phone: 740-995-6234

Preferred Method of Contact: Email

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Preferred Time of Contact: Morning

Do you require the use of a translation service to speak with an OSHA Representative?

☐ **Yes (specify language)**

☒ **No**

Designated Representative

Do you have an authorized / designated representative (e.g., attorney, shop steward)?

☒ **No**

☐ **Yes**

Are you an authorized / designated representative (e.g., attorney, shop steward) that is filing on behalf of an employee?

☒ **No**

☐ **Yes**

If yes for either, please provide contact information for the authorized/designated representative:

Name:

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Title:

Organization Name (if any):

Union Affiliation (if any):

Address (Street, State, City, Zip Code):

Street:

State: Select one...

City:

Zip:

Phone (day):

Ext

Email:

☐

By checking this box, I certify that the named employee has authorized me to act as their representative for purposes of this complaint.

Submit Feedback

N

Submission

Please review the information you have entered to ensure that it is accurate. You may change any answers as needed before submitting the form.

NOTE: It is unlawful to make any materially false, fictitious, or fraudulent statement to an agency of the United States. Violations can be punished by a fine or by imprisonment of not more than five years, or by both. See 18 U.S.C. 1001(a); 29 U.S.C. 666(g).

By clicking SUBMIT below, you certify that the information in this complaint is true and correct to the best of your knowledge and belief. Please click "Submit" only once. Remember that you cannot file a whistleblower complaint with OSHA anonymously. If you file a complaint, OSHA will contact you to discuss your complaint. If OSHA proceeds with an investigation, the employer will be notified of your complaint.

Filing a complaint with OSHA does not preclude you from filing a complaint with another government or regulatory agency, i.e., WHD, NLRB, OSC, EEOC, etc.

All services are free, whether you are documented or not. Please remember that your employer cannot terminate you or in any other manner retaliate against you for filing a complaint with OSHA, or any other government or regulatory agency.

SUBMIT your complaint to OSHA

[Cancel, Return to www.whistleblowers.gov](https://www.whistleblowers.gov)

Submit Feedback

We suggest that you print and save this page for your records.

Print this Complaint

Complaint Received!

Thank you! As of August 01, 2025 07:21 AM Eastern Time, you have filed a whistleblower retaliation complaint with OSHA using our online filing system.

Your complaint submission reference number is: ECN122902

No further action is necessary at this time. An OSHA representative will contact you using the contact information that you provided in your complaint.

It is very important that you respond to OSHA's follow-up contact.

We appreciate the opportunity to be of service to you.

Please save the confirmation email or the ECN number above for future reference.

How Did You Find Us?

How did you learn about OSHA's Whistleblower Protection Programs? (Please click all that apply)

DOL's website (www.dol.gov)

OSHA's website (www.osha.gov)

OSHA Employee

Referred by another agency or organization

Union

Coworker

Friend or Relative

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Search engine (e.g., Google)

News article

Conference or Industry event

Other

Submit

PRIVACY ACT STATEMENT

PAPERWORK REDUCTION ACT STATEMENT

OSHA 8-60.1. (Rev.10/22).

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U.S. DEPARTMENT OF LABOR

Occupational Safety and Health Administration

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Washington, DC 20210

 1-800-321-OSHA

1-800-321-6742

www.osha.gov

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