PLAINTIFF'S EXHIBIT
UC-1176

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U.S. DEPARTMENT OF LABOR
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

OMB No. [illegible]

For Official Use Only			
Area	Date Received	Time	
Region	Received By	Formal	
		Non Formal	

COMPLAINT

This form is provided for the assistance of any complainant and is not intended to constitute the exclusive means by which a complaint may be registered with the U.S. Department of Labor.

Sec. 8(f)(1) of the Williams-Steiger Occupational Safety and Health Act, 29 U.S.C. 651, provides as follows: Any employees or representative of employees who believe that a violation of a safety or health standard exists that threatens physical harm, or that an imminent danger exists, may request an inspection by giving notice to the Secretary or his authorized representative of such violation or danger. Any such notice shall be reduced to writing, shall set forth with reasonable particularity the grounds for the notice, and shall be signed by the employees or representative of employees, and a copy shall be provided the employer or his agent no later than at the time of inspection, except that, upon request of the person giving such notice, his name and the names of individual employees referred to therein shall not appear in such copy or on any record published, released, or made available pursuant to subsection (g) of this section. If upon receipt of such notification the Secretary determines there are reasonable grounds to believe that such violation or danger exists, he shall make a special inspection in accordance with the provisions of this section as soon as practicable, to determine if such violation or danger exists. If the Secretary determines there are no reasonable grounds to believe that a violation or danger exists he shall notify the employees or representative of the employees in writing of such determination.

NOTE: Section 11(c) of the Act provides explicit protection for employees exercising their rights, including making safety and health complaints.

The undersigned *(check one)*

☒ Employee ☐ Representative of employees ☐ Other *(specify)* _____

believes that a violation at the following place of employment of an occupational safety or health standard exists which is a job safety or health hazard.

Employer's Name Union Carbide Corporation

Address (Street 5th Avenue South Telephone 945-7411

(City Texas City, Texas State Tx. Zip Code 77590

1. Kind of business Chemical plant

2. Specify the particular building or worksite where the alleged violation is located, including address.
Building 74

3. Specify the name and phone number of employer's agent(s) in charge.
Damon Engle 945-7411 Ext 422

4. Describe briefly the hazard which exists there including the approximate number of employees exposed to or threatened by such hazard.

Periodically, they have meetings in our lunch room - conference room during our 9:00 A.M. or 2:00 P.M. coffee break and will not let us in. This forces us to take our break in the locker room where there are not enough tables to allow us to spread our coffee and snacks. We have to set it on the same bench where we sit. To my knowledge, that this practice occurs of taking over our eating area during breaks.

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(Continue on reverse side if necessary)

(Continued on reverse side)

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5. List by number and/or name the particular standard *(or standards)* issued by the Department of Labor which you claim has been violated, if known.

6. (a) To your knowledge has this violation been considered previously by any Government agency? _____

(b) If so, please state the name of the agency _____

(c) and, the appropriate date it was so considered. _____

7. (a) Is this complaint, or a complaint alleging a similar violation, being filed with any other Government agency?

No

(b) If so, give the name and address of each. _____

8. (a) To your knowledge, has this violation been the subject of any union/management grievance or have you *(or anyone you know)* otherwise called it to the attention of, or discussed it with, the employer or any representative thereof?

Yes

(b) If so, please give the results thereof, including any efforts by management to correct the violation.

We were told it was a conference room but we could use it if no meetings were taking place. Of course, this is the same room used for lunch room.

9. Please indicate your desire:

☒ I do not want my name revealed to the employer.

☐ My name may be revealed to the employer.

COMPLAINANT'S NAME

NOTE: IT IS UNLAWFUL TO MAKE ANY FALSE STATEMENT, REPRESENTATION OR CERTIFICATION IN ANY DOCUMENT FILED PURSUANT TO THE OCCUPATIONAL SAFETY AND HEALTH ACT OF 1970. VIOLATIONS CAN BE PUNISHED BY A FINE OF NOT MORE THAN $10,000, OR BY IMPRISONMENT OF NOT MORE THAN SIX MONTHS, OR BY BOTH. (Section 17(g))

Signature _____ Date _____

Typed or Printed Name _____

Address (Street _____ Telephone _____

(City _____ State _____ Zip Code _____

If you are an authorized representative of employees affected by this complaint, please state the name of your organization and your title. _____

UCTC 21106