

Iowa Division of Labor  
 OSHA Enforcement  
 150 Des Moines Street  
 Des Moines, IA 50309-1836  
 Phone: 515-725-5660  
 Fax: 515-725-2024  
[www.iowaosha.gov](http://www.iowaosha.gov)  
[oshacomplaints@iwd.iowa.gov](mailto:oshacomplaints@iwd.iowa.gov)

FOR OFFICE USE ONLY			
<input type="checkbox"/> Formal	<input type="checkbox"/> Non-Formal	Close:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diary sheet updated:		Database updated:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Complaint#:		Case file #:	
CSHO:	NAICS:	Transferred: <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Complaint Form

### Instructions:

To file a complaint about a workplace safety or health issue, send this completed form and any attachment to the address above. If you need more space you may continue on another page.

It is illegal for an employer to retaliate against an employee who files an Iowa OSHA complaint. It is illegal to make a false statement on this complaint form.

Do NOT reveal my name to the employer  My name may be revealed to the employer

Employer name Union Pacific Railroad		Business type Transportation		Management official Ricky Wells	
Site address 1400 Douglas Street		City Omaha		State NE	Zip 68179
Mailing address <input type="checkbox"/> Same as site address		City		State	Zip
Phone number 402-544-5000	Fax number		Email address		


Describe violation of OSHA standard	Location	# exposed
Human bodily fluid (Blood) not cleaned from railroad locomotive after an accident	Council Bluffs to Clinton Iowa	6

This condition has been brought to the attention of:  Employer  Other Agency (specify):

Which best describes you:  Current employee  Former employee  Employee representative  
 Other (specify):

Your name Steven Groat	Email sigroat329@yahoo.com	Phone number 515-290-8192	
Address 901 S. 12th St.	City Nevada	State IA	Zip 50201

I certify that the information on this form and the attachments (if any) is true and accurate to the best of my knowledge

Signature  Date 7/22/20

Complete this section if you are an authorized representative of the affected employee

Organization SMART-TD Local 329	Name Steven Groat	Title Local Chairman
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Equal Opportunity Employer Program  
 Auxiliary aids and services are available upon request to individuals with disabilities.  
 For deaf and hard of hearing, use Relay 711