



Occupational Health and Safety Authority

**Complaint Registration Form**

**Complaint/s being raised (tick any/all box/es):**

Lack of personal protective clothing	<input type="checkbox"/>	Dangerous fumes	<input type="checkbox"/>
Dangerous scaffolding	<input type="checkbox"/>	Use of lifting equipment	<input type="checkbox"/>
Lack of welfare facilities	<input type="checkbox"/>	Noise	<input type="checkbox"/>
Use of chemical/biological agents	<input type="checkbox"/>	Demolition / excavation	<input type="checkbox"/>
Edge protection/falls from height	<input type="checkbox"/>	Use of unsafe Machinery	<input type="checkbox"/>
Tower/Mobile cranes	<input type="checkbox"/>	Fork Lifters	<input type="checkbox"/>
Others (Please specify)			

Please indicate exact area/section of complaint:

Details of complaint

Address of premises

Tel No./Fax

All complaints will be treated in strict confidence

Please send this form by post, fax or email:  
OHSA  
Head Technical Operations  
17, Edgar Ferro Street,  
Pieta' MSD 07  
E-Mail: [ohsa@gov.mt](mailto:ohsa@gov.mt)  
Fax No. 21232909