

STATE OF VERMONT

**OCCUPATIONAL SAFETY
AND HEALTH REVIEW BOARD**

COMMISSIONER OF LABOR, Complainant, v. XYZ CORP., Respondent.	Inspection No: Docket number: VRB_____
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COMPLAINT

JURISDICTION

1. Jurisdictional basis for this Complaint is in Chapter 3 of Title 21 Vermont Statutes Annotated.

PARTIES

2. Complainant, Commissioner of Labor for the State of Vermont, is empowered to enforce the Vermont Occupational Safety and Health Act, Title 21 V.S.A. Chapter 3
3. Respondent, XYZ Corp., a business registered in Vermont, is engaged in business as a TYPE OF BUSINESS company. Respondent maintains its place of business in TOWN, Vermont.

CLAIM

4. On or about DATE, Respondent operated a worksite at 123 Street, City, State, Zip Code (hereinafter "workplace") and had employees working at its facility.
5. Respondent, as a result of the aforesaid activities, is an employer engaged in business affecting commerce, engages employees, and is subject to the requirements of the Act and regulations issued or promulgated thereunder.
6. An inspection of the Respondent's worksite was conducted by a Safety Compliance Officer of the VOSHA Division of the Department of Labor on DATE.
7. As a result of this inspection, Respondent was issued a citation on DATE citing NUMBER violations, including a TYPE violation, and a total proposed penalty of \$_____.

8. The citation and proposed penalty attached hereto, and marked exhibit A, identifies the specific standard violations, the factual basis for each citation, and sets forth the penalties proposed for the said violations.
9. Respondent submitted a Notice of Contest of the VOSHA citations received by the Review Board on or about DATE.
10. The proposed penalties for the contested items give due consideration to the gravity of the violation, the size of Respondent's business, Respondents good faith and its history of previous violations.

WHEREFORE, cause having been shown, Complainant requests that the VOSHA Review Board affirm the citation and assess a penalty for the aforesaid violation in an amount not less than that assessed by the VOSHA Division of the Department of Labor,

Dated this ____ day of MONTH, YEAR

[Attorney's name]
Staff Attorney
Vermont Department of Labor
5 Green Mountain Drive
P.O. Box 488
Montpelier, VT 05602

CERTIFICATE OF SERVICE - ELECTRONIC DELIVERY

I, NAME, hereby certify that on this DAY of MONTH, YEAR, I served one copy of the attached Complaint upon the following: RESPONDENT'S NAME EMAIL ADDRESS and simultaneously filed the same with the VOSHA Review Board Clerk NAME, at EMAIL ADDRESS.

[Attorney's name]
Staff Attorney
Vermont Department of Labor
5 Green Mountain Drive
P.O. Box 488
Montpelier, VT 05602