

OSHA

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**
- ☐ **Negative Performance Evaluation**
- ☐ **Threat to Take any of the Above Actions**
- ☐ **Harrassment / Intimidation**
- ☐ **Other (please describe)**

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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 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)

* 2025-11-04

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

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)?

I believe I was terminated in direct retaliation for engaging in protected whistleblower activities regarding financial fraud and workplace safety.

1. I was terminated on November 4th, 2025, exactly 9 days after I sent formal written inquiries to HR and Payroll (on October 26th, 2025) regarding missing benefits promised in my offer letter, and suspected payroll tax fraud (specifically, the issuance of multiple W-2's and "missing" paystubs related to an LLC shell game).

2. Refusing to participate in Fraud: On September 25th, I refused to validate a fraudulent \$49,200.50 invoice that had been spoofed to look like it came from me. When I flagged this to Finance, they admitted to "deleting" the record rather than investigating. I believe my refusal to be a party to this "bust-out" scheme masked me as a liability.

3. Pretextual Termination: The employer claims my termination was for "performance," yet they "neglected" to conduct my scheduled Annual Performance Review in August 2025, which would have triggered a contractual 5% raise. They avoided documenting my performance because it was satisfactory; They fired me only after I exposed their financial irregularities.

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

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The retaliation occurred within a hostile environment involving physical safety hazards and corporate malfeasance designed to intimidate employees.

1. Explosive Device: The District Manager, Jon Powell, brought a percussive explosive device into the workplace, displayed it to me, and stated he "carries it at all times." This created a severe physical safety hazard and a culture of fear that prevented earlier reporting
2. Infrastructure Sabotage: On September 20th, 2025, my workstation was deliberately isolated from the network via physical tampering of cabling inside a locked server room. Management refused to restore access and instead issued a reckless directive for employees to "kick in the door" to the server room, further demonstrating a disregard for safety and property.
3. "Phoenix" Scheme & Successor Liability: I believe the employer is in the process of a fraudulent corporate dissolution (Bust-Out). On August 26th, 2025, they attempted to force employees to sign a "Transfer Agreement" moving workforce assets to a new entity (ASM Portland LLC) while leaving liabilities in the old shell (ASM LLC). I refused to sign this without clarification, which contributed to the animus against me.
4. Destruction of Employee Property: Management (Jon Powell) used a company forklift to physically move and destroy a disabled employee's (Brian Murray) personal vehicle, on company property. This act of violence against a protected-class employee created a chilling effect on all staff reporting.
5. Arson / Safety Hazard: A company service truck was inexplicably stolen and set on fire. I believe this safety incident was not properly investigated or addressed, contributing to the unsafe working conditions.
6. Systemic Wage Theft (Bonuses): Two days prior to my termination, the company withheld earned bonuses from multiple employees. This aligned with my termination and suggested a broader financial purge / retaliation campaign was underway.

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

Company Name * ASM LLC|ASM Portland LLC|ASM Beaverton LLC (dba AI

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: 66 SE Morrison St

State: * Oregon

City: PORTLAND

Zip: 97214

☐ 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?

Jon Powell (District Manager) and Jeff Grabeel (CEO).
Contact (Jon and Jeff): 66 SE Morrison St, Portland, OR 97214
Contact (Jon alt-Site): 11040 SW Allen Blvd, Beaverton, OR 97005
Phone: 503-766-2000 (Main, Belize)
Phone: 503-810-2770 (Main, Sales)
Phone: 503-953-6036 (Jon's Direct Work Number)

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

The District Manager (Jon Powell) stated verbally that he was "tired of seeing me struggle." This is a pretext for retaliation.

1. No Evidence: I had no prior write-ups, warnings, or Performance Improvement Plans (PIPs).
2. Skipped Review: Management neglected my scheduled Annual Performance Review in August 2025, preventing me from documenting my actual success (and receiving my contractual raise).
3. Motive: This vague, subjective statement was made only 9 days after I reported suspected tax fraud. The "struggle" he referred to was likely my refusal to participate in the company's financial irregularities and the "Ask Jon" retaliation loop.

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How can OSHA contact your employer?

Employer Name (if different from "Company Name" above): Additionally: (ASM LLC dba All Service Moving)

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

Name:

Jeffrey

Grabeel

Title: CEO / Owner

Phone: 503-810-2770

Ext

Name and Title of Your Supervisor:

Name:

Jonathan

C

Powell

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

Street: 66 SE Morrison St

State: Oregon

City: Portland

Zip: 97214

Employer Phone: 503-810-2770

Alt Phone: 503-766-2000

Employer Fax:

Alt Fax:

Employer Email: Move@AllServiceMoving.com

Type of Business: Moving, Storage, Logistics & Virtual Call Center

How can OSHA contact you?

Please complete all required fields

Name (Required):

* Albert

D

* Lane

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

Street: * 998 SW 179th AVE

State: * Oregon

City: * Beaverton

Zip: * 97003

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

Home: 458-203-9279

Work:

Ext

Cell: 458-203-9279

☐ **No Telephone Available**

Email Address (Required): lane.albert.device@gmail.com

Confirm Email Address (Required) lane.albert.device@gmail.com

Other Contact Person?

Name:

Phone:

Preferred Method of Contact: Select one...

Preferred Time of Contact: Select one...

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:

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.

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**](#)

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

Print this Complaint

Complaint Received!

Thank you! As of December 05, 2025 01:51 AM Eastern Time, you have filed a whistleblower retaliation complaint with OSHA using our online filing system.

Your complaint submission reference number is: ECN127853

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

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
200 Constitution Ave NW
Washington, DC 20210
 [1-800-321-OSHA](tel:1-800-321-OSHA)
[1-800-321-6742](tel:1-800-321-6742)
www.osha.gov

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