



HEALTH AND SAFETY COMPLAINT FORM

Report Health and Safety issues to Supervisor and Safety Representative.

This is not a grievance form. The intent of this form is to identify hazardous and unhealthy conditions.

Name: _____ SSO: _____ Cellphone: _____

Home Address: _____ Bldg: _____ Shift: _____

Job Classification: _____ Job Serb: _____ Co. Sev: _____

Steward: _____ Contacted: _____ Cellphone: _____

HAZARD OR UNHEALTHY CONDITION

Number of people exposed (all shifts combined): _____

Has anyone become ill or injured due to this condition: _____
(if yes then describe on other side)

If toxic chemicals or other substances are involved give name: _____
(Also BE CERTAIN to attach a label or facsimile listing manufacturer, codes, numbers, etc.)

List materials used (metals, flux, oils, etc.), if any, which relate to the subject of this report: _____

When did you first become aware of this problem? _____

Was the problem reported to management? (name, date) _____

Is this a recurrent problem? _____

How Might the problem be prevented? _____

Describe in detail the hazard or unhealthy condition _____

