HEALTH AND SAFETY COMPLAINT

Date ___________________ Location ________________________________________________________

Department ___________________________________ Shift ___________ Time ________________

Nature of Complaint: ________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Signature of Employees ___________________________ Date ____________________________

Reported to management: (Name) ______________________________________________________
Management Response: _____________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Signature of Management ___________________________ Date ____________________________

Settled: Yes ___  No ___

Resolution: _____________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Status or response of this complaint:

At this time ___________________________________ ____________________________
   (Date) ___________________________ (Time) ____________________________
USING THE HEALTH AND SAFETY COMPLAINT FORM

The Health and Safety Complaint Form should be used when:

- An injury or illness occurs;
- You identify unsafe working conditions;
- You identify a poorly designed work process.

Fill out the Health and Safety Complaint Form as completely as possible:

- Include all identifying information, i.e. workplace, plant, department, area, shift, etc.;
- Write a detailed description of the problem, including locations, machine or equipment number, past injuries or close calls, violations of OSHA standards, and past notices of violations to management on the problem;
- Include your printed name with your signature.

What to do with the completed form:

- Keep one copy of the form for your own records;
- Give one copy of the form to management;
- Follow-up with management about the resolution of the complaint.