

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.