EMPLOYEE REPORT OF
ALLEGED UNSAFE OR UNHEALTHFUL WORKING CONDITIONS
For use of this form, see DA PAM 385-10; the proponent agency is OCSA

This form is provided for the assistance of any complainant and is not intended to constitute the exclusive means by which a complaint may be registered with the local safety office (Ref OSHA Poster on rights of employees and their representatives).

The undersigned (check one)

☐ Employee ☐ Representative of employees ☐ Other (*Specify*) _____

believes that a job safety or health hazard exists at the following place of employment:

Does this hazard (s) immediately threaten serious physical harm? ☐ Yes ☐ No
If "yes" checked, immediately contact you supervisor or safety representative.

Name of official in charge _____ Telephone _____

Operation/Activity _____

Exact location of worksite _____

1. Kind of operation _____

2. Describe briefly the hazard which exists there including the appropriate number of employees exposed to or threatened by such hazards

3. List by number and/or name the particular occupational safety and health standard(s) which may have been violated, if known

4. (a) To your knowledge, has this hazard been the subject of any union/management grievance or have you (*or anyone you know*) otherwise called it to the attention of, or discussed it with the employer or any representative thereof?

(b) If so, please give the results thereof, indicating any efforts by management to eliminate or reduce the severity of the hazard

5. Please indicate your desire:

☐ I do not want my name revealed to the official in charge.

☐ My name may be revealed to the official in charge.

WORK LOCATION	TELEPHONE NO.	DATE

TYPED OR PRINTED NAME OF EMPLOYEE OR EMPLOYEE REPRESENTATIVE	SIGNATURE

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