

Unsafe Working Conditions Grievance Report

Employee Information

Name

Employee ID

Department

Contact Number

Date of Report

Description of Unsafe Condition

Please describe the unsafe working condition in detail:

Location of Incident

Exact location (building, floor, room, etc.):

Date & Time Condition Observed

Persons Affected

If applicable, list names/contact/roles of other affected individuals:

Previous Actions Taken

Have you reported this before, or taken any action?

Suggested Corrective Actions

Your recommendations for improvement (optional):

Employee Signature

Date