

# 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