

Unsafe Working Conditions Grievance Form

Employee Name

Employee ID

Job Title / Position

Department / Work Area

Contact Information

Incident Details

Date of Incident / Observation

Location of Unsafe Condition

Describe the Unsafe Working Condition

Names of Witnesses (if any)

Potential Risks or Hazards Identified

Have you reported this condition to your supervisor?

Suggestions for Improving Safety (optional)

For Official Use Only

Received By

Date Received

Action Taken / Notes