

# Unsafe Work Environment Grievance Form

Name of Employee

Employee ID/No. (if applicable)

Department / Work Location

Contact Information

Date of Report

Description of Unsafe Working Condition(s)

Date(s) of Incident(s)

Location(s) of Incident(s)

Persons Involved/Witnessed

Action(s) Taken (if any)

Suggestions for Improvement/Resolution

Signature

Date