**SAFETY HAZARD REPORTING FORM**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is committed to maintaining a safe work environment. A safe work environment is one which is free from accidents, injuries and work-related illnesses. All employees and volunteers must work together to create and maintain a safe environment for all employees, students and visitors. Our organization is committed to comply with Federal, state and local laws concerning worker health and safety.

 Employees and volunteers may use this form to report safety issues to management. The risk management department will investigate the safety issue/complaint to determine what action needs to be taken. This form can be submitted anonymously. Employees are advised that it is illegal for an employer to take any action against an employee in reprisal for exercising their rights to report safety issues.

 **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Employee or Volunteer’s Name: (Optional)**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Phone # and/or Email: (Optional)**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Time unsafe condition observed: \_\_\_\_\_\_\_\_\_\_\_\_**

 **Describe the unsafe hazard, condition or practice:**

 **Location:** (Building, Floor, Room #, Department, etc.)

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Has this matter been reported to your supervisor?**

 Do you wish to be notified of action taken: **Yes**  **NO**
 (If yes, please make sure contact information is provided)

 **Send completed form to the risk management department. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**