

CASE NO.
INTERNAL USE ONLY

ATU Local 689

TODAY'S DATE

Employee Safety Complaint Form

Your Name _____ Employee ID # _____

Phone # _____ Email _____

Dept. _____ Supervisor _____ Your Position _____

Reason for Safety Complaint

Dates On Or During Which the Safety Problem Has Occurred

Have You Discussed This Safety Problem With Your Supervisor? (Check Off) YES NO

If "YES", please list the dates and details of your conversation with your supervisor.

If "NO", please list the reason for not discussing it with your supervisor.

Efforts I Have Made to Resolve This Problem

The Following Individuals Are Involved Or May Have Additional Information

Desired Resolution (Use Back of Page If Necessary)

Employee's Signature _____

_____ Date