

**EMPLOYEE REPORT OF  
ALLEGED UNSAFE OR UNHEALTHFUL WORKING CONDITIONS**

For use of this form, see DA PAM 385-10; the proponent agency is OCSA.

*This form is provided for the assistance of any complainant and is not intended to constitute the exclusive means by which a complaint may be registered with the local Safety Office (Ref OSHA Poster on rights of employees and their representatives).*

The undersigned (check one)

Employee                       Representative of employees                       Other (Specify) \_\_\_\_\_

believes that a job safety or health hazard exists at the following place of employment

Does this hazard(s) immediately threaten serious physical harm?       Yes       No  
If "yes" checked, immediately contact your supervisor or safety representative.

Name of official in charge \_\_\_\_\_ Telephone \_\_\_\_\_

Operation/Activity \_\_\_\_\_

Exact location of worksite \_\_\_\_\_  
\_\_\_\_\_

1. Kind of operation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Describe briefly the hazard which exists there including the appropriate number of employees exposed to or threatened by such hazard  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. List by number and/or name the particular occupational safety and health standard(s) which may have been violated, if known  
\_\_\_\_\_

4. (a) To your knowledge, has this hazard been the subject of any union/management grievance or have you (or anyone you know) otherwise called it to the attention of, or discussed it with the employer or any representative thereof? \_\_\_\_\_

(b) If so, please give the results thereof, including any efforts by management to eliminate or reduce the severity of the hazard  
\_\_\_\_\_  
\_\_\_\_\_

5. Please indicate your desire:  
  
 I do not want my name revealed to the official in charge.  
  
 My name may be revealed to the official in charge.

WORK LOCATION	TELEPHONE NO.	DATE
TYPED OR PRINTED NAME OF EMPLOYEE OR EMPLOYEE REPRESENTATIVE	SIGNATURE	