

# Brunswick Central School District

## HEALTH AND SAFETY CONCERN FORM

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

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_ Work Location: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date Event Occurred/Noticed: \_\_\_\_\_ Supervisor Notified: (circle one) Yes No  
If Yes, Date: \_\_\_\_\_

Nature and Location of Safety Hazard: (attach additional info if required)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did an Injury Occur: (circle one) Yes No If Yes, when was Accident Report Filed/By Whom? \_\_\_\_\_  
Please explain nature of the Injury:

\_\_\_\_\_  
\_\_\_\_\_

What Efforts Have Been Made to Correct or Resolve Your Complaint?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor Signature/date

### District Wide H&S Committee Use Only

Date Complaint Received: \_\_\_\_\_

Immediate Response to Employee via (circle all that apply) Email/Phone/Interoffice Mail/ \_\_\_\_\_ on: \_\_\_\_\_

Date Investigated: \_\_\_\_\_ Date Employee Notified of Recommendation: \_\_\_\_\_

Conditions Found: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Corrective Action Recommendation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Order \_\_\_\_\_

Date Action Completed/Set to be Completed: \_\_\_\_\_

Signature of Investigating Committee Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Investigating Committee Member: \_\_\_\_\_ Date: \_\_\_\_\_