

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: _____