|  |  |
| --- | --- |
| State Use Only | |
| Complaint No. | Date Received |
| Date Closed | Investigated by |
| Complainant Notified | |

**Oregon Military Department**

**Occupational Safety and Health Complaint**

This form is provided to allow for an anonymous reporting of a safety risk or hazard. If you wish to be notified about the completion of the investigation or if you wish to provide further information, please sign and add your contact information.

I am (circle one):

A State Employee

A Federal Employee

Witness to the event

Heard about the event from another

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I believe that a job safety or health hazard exists at the following site (be specific as to location at site):

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

Does this hazard pose immediate physical harm? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If so, contact your immediate supervisor, AGP or safety committee member)

Is this to report employees using unsafe work practices? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the hazard or event:

Name Phone Date

Signature

Return completed form to AGP or drop in Safety Suggestion Box