

# EMPLOYEE SAFETY INFORMATION FORM

This form is for use by employees who wish to provide a safety suggestion or to report an unsafe workplace condition or practice. Turn in completed form to Safety Officer.

**Description of Unsafe Condition or Practice:**

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**Causes or Other Contributing Factors:**

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**Employee's Suggestion for Improving Safety:**

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Has this matter been reported to the Area Supervisor?       Yes       No

Employee Name (optional):

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

Employees are advised that use of this form, or other reports of unsafe conditions or practices, is protected by law. It would be illegal for the employer to take any action against an employee in reprisal for exercising rights to participate in communications involving safety.

The employer will investigate any report or question as required by the Injury and Illness Prevention Program Standard and advise the employee who provided the information, or the workers in the area, of the employer's response.

**You may also report your concern/complaint to the Joint Commission:**

**E-Mail:** [complaint@jointcommission.org](mailto:complaint@jointcommission.org) **Fax:** Office of Quality Monitoring (630) 792-5636

**Mail:** Office of Quality Monitoring The Joint Commission One Renaissance Boulevard Oakbrook Terrace, IL 60181

If you have questions about how to file your complaint, you may contact the Joint Commission at this toll free U.S. telephone number, 8:30 to 5 p.m., Central Time, weekdays. (800) 994-6610

