

HEALTH AND SAFETY COMPLAINT FORM

This form can be filled out by the building occupant or by a member of the building staff.

Occupant Name: _____ Date: _____

Department/Location in Building: _____ Phone: _____

Completed by: _____ Title: _____ Phone: _____

Your observations can help to resolve health and/or safety problems as quickly as possible. Please use the space below to describe the nature of the complaint and any potential causes.

We may need to contact you to discuss your complaint. What is the best time to reach you? _____

So that we can respond promptly, please return this form to: _____
Health & Safety Contact Person

Room, Building

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OFFICE USE ONLY

File Number: _____ Received by: _____ Date Received: _____