

Appendix 1: Employee Health and Safety Complaint Form

INSTRUCTIONS: This form should only be completed after the employees immediate supervisor has been informed of the identified hazard and concerns, and has had three days to respond.

CONTACT INFORMATION		
Program/Department:		
Employee's Name	Extension	Date form sent to JOHSC
Supervisor's Name	Extension	Date concern was reported

REASON FOR SUPPORT REQUEST <i>(check one)</i>
<input type="checkbox"/> No response from supervisor within three day timeframe allotted
<input type="checkbox"/> Resolution not agreed upon by employee and supervisor

HAZARD DESCRIPTION AND SUGGESTED ACTION

1. Describe the unsafe item/condition:

2. Location of unsafe item/condition:

3. Name of all employee's involved *(please note program/department if different from noted above):*

4. Employee(s) requested or suggested action:

(Please continue on the reverse side if more information is available or use separate sheet).

Signature: _____ Date: _____

In order to support all staff, if you are submitting a formal Health & Safety complaint to your manager, please forward an electronic copy immediately to the co-chairs of the JOHSC.
Your manager has then been informed in writing of the situation, and has 5 days to consult/resolve the situation, and respond to you in writing.
This form and procedure does not deny access to the normal grievance process under Article 8 of the Collective Agreement.