

# HAZARD COMPLAINT REPORT FORM



Public Service Alliance of Canada  
Alliance de la Fonction publique du Canada

Describe Violation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location: \_\_\_\_\_

Date and time of Violation: \_\_\_\_\_

Employer: \_\_\_\_\_

Component: \_\_\_\_\_

Local: \_\_\_\_\_

Legislative Provision Violated: \_\_\_\_\_

Section of Code: \_\_\_\_\_

Regulation (clause): \_\_\_\_\_

Corrective Action Required: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reported to (Supervisor): \_\_\_\_\_

Name of Complainant: \_\_\_\_\_