

HAZARD COMPLAINT REPORT FORM



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

DATE: _____

COMPONENT: _____

LOCAL: _____

EMPLOYER: _____

WORK LOCATION: _____

AREA OR DEPARTMENT: _____

HAZARD LOCATION: _____

TIME HAZARD OCCURRED/IDENTIFIED: _____

DESCRIPTION OF HAZARD COMPLAINT: _____

CORRECTIVE ACTION REQUESTED: _____

REPORTED TO (Name of Supervisor): _____

EMPLOYEE'S NAME: _____