



UNSAFE WORKING CONDITIONS REPORT

If you observe a situation that you believe is an unsafe working condition, please complete this form and give it to your supervisor or directly to the HR manager at the office. We appreciate that you care about your co-workers and the people we support and will never discriminate against you for completing an unsafe working conditions report.

DATE OF THIS REPORT: _____

Describe the Situation Observed: (Date, time, people present, equipment in use, environmental factors, etc)

Address where situation observed: _____

What are the potential risks of this situation? _____

What can we do to improve this situation? _____

Your Name: _____ **Phone:** _____

Thank you for raising this concern. It is our intention to provide a safe living and working environment for the people we support and our employees. We will respond to this report as soon as possible. Our Health and Safety committee meets monthly and reviews these reports and our responses.

