Health and Safety – Incident/Unsafe Condition Report

Date:_____

Name:_____

Telephone Number:_____

Work Location:_____

Nature of complaint (Please be specific):_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

How many people are affected?_____

Has anyone gotten sick or hurt because of this condition? ☐ Yes ☐ No

Have you discussed your complaint with your shop steward? ☐ Yes ☐ No

Has the complaint been brought to a supervisor? ☐ Yes ☐ No

What is the best time to reach you? _____

Please return to:

Diane Stein, *Local 237 Safety and Health Coordinator*
Telephone: 212-924-2000
Fax: 212-675-7201
dstein@local237.org