

**Berkeley Unified School District**  
**Risk Management Department - Employee Safety Suggestion/Reporting Form**

Employees who wish to provide a safety suggestion or report an unsafe workplace condition or practice should do so using this form. Please give forward this completed form to the Risk Management Department for follow-up.

School/Department:	Room Number / Area	Date Identified
Contact Person (Name And Title):	Phone/Email Address:	

Concern/Condition (please describe in as much detail as possible ~ location, times, activities, severity, etc.): <input type="checkbox"/> <b>Place a Check here if this an Indoor Air Quality Concern (IAQ)</b>

What do you believe may be the cause or contributing factor?

Suggestion(s) for improving safety relating to this matter:

Has the matter been reported to the employer?  Yes  No

Employee Name ( <b>Optional – Complete if you want a written response. If you wish to remain anonymous, do not complete this section:</b> )	Date:
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Reviewed By:	Date:
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Risk Management Section	
Date Received to Risk Management:	Recipient:
Corrective Action Taken:	
Corrective Action Taken By:	Date:

Employees are advised that use of this form or other reports of unsafe conditions or practices are protected by law. It would be illegal for the employer to take any action against an employee in reprisal for exercising rights to participate in safety communications. The employer will investigate any reports or questions as required.