

SAFETY COMPLAINT FORM

USM University Environmental Health & Safety

INDIVIDUAL LODGING THE COMPLAINT: _____

DATE: _____

BUILDING LOCATION: _____ ROOM/LAB _____

PHONE EXTENSION: _____

NATURE OF COMPLAINT:

INDIVIDUAL RECEIVING THE COMPLAINT: _____

INVESTIGATION PROCEDURE: _____

CORRECTIVE ACTION TAKEN: _____

FOLLOW-UP PROCEDURE: _____
