



SEVEN OAKS  
SCHOOL DIVISION  
*community begins here*

# WORKPLACE SAFETY AND HEALTH CONCERN FORM

**Procedure:**

1. Discuss your concern with your Administrator, Custodian and/or Site Representative.
2. If the issue cannot be resolved, complete this form with your Site Representative and send it to the Board Office, Attention: Norma Gwizon, Recording Secretary, Workplace Safety & Health Steering Committee.

**EMPLOYEE'S NAME:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Description of concern (include as much detail as possible):


When did you discuss your concern with your administrator, custodian and/or site representative? \_\_\_\_\_

Was any action taken at that time? If so, please describe action taken.


\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Site Representative Signature

**OFFICE USE ONLY:**

Date Received:	
Date Forwarded to Paul Anderson (pc: Liaison Supt.):	
Date Confirmation sent to Site Rep. & Employee:	
Added to WS & H Steering Committee agenda? (Y/N) Meeting Date?	
Action taken:	