



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.
3. If air quality is the issue, complete the Air Quality Questionnaire in addition to this Concern Form.
4. Send form(s) to Board Office, Attention: 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 Tony Campos (pc: Liaison Supt.):	
Date Confirmation sent to Site Rep. & Employee:	
Added to WS & H Steering Committee agenda? (Y/N) Meeting Date?	
Action taken:	