

Imperial Valley College
SAFETY SUGGESTION FORM & REPORT OF UNSAFE CONDITION

To submit a safety suggestion or report an unsafe condition, complete this form and forward it to the Human Resources Office. An investigator will be assigned to evaluate the reported condition and respond to your communication.

1. Name of Employee (Optional): _____

2. Date of Safety Suggestion or Report: _____

3. Location of Condition Believed to Be Unsafe: _____

4. Date and Time Unsafe Condition Observed: _____

5. Description of Unsafe Condition: _____

6. Name of Person Investigating Unsafe Condition: _____

7. Date of Investigation: _____

8. Results of Investigation (What was found): _____

9. Action Taken to Correct Unsafe Condition or Information Provided to Employee As To Why Condition Was Not Unsafe: _____

10. Signature of Investigator: _____

11. Date of Response to Employee: _____

It is illegal for an employer to take action against any employee for exercising his/her right to communicate unsafe conditions.