

# HEALTH & SAFETY ISSUE REPORTING



Date Submitted:

## CONTACT INFORMATION

Name:

By providing your name, you are allowing AUPE to collect and share information for purposes of tracking, resolving and monitoring Occupational Health & Safety issues on the worksite. **This information will not be shared.**

Occupation:

Phone:

Email:

Fax:

Work location (address including postal code):

## REPORTING INFORMATION

Health & Safety Issue:

Recommendation(s) to resolve issue:

Was Supervisor Notified?  Yes  No

Supervisor responsible: Name:

Phone:

Email:

Did you contact your Worksite Health & Safety Committee?  Yes  No

If yes, who was contacted: Name:

Phone:

Email:

Response from Supervisor/H&S Committee/Contact:

Employees are advised that it would be a violation of the Act for an employer to take any action against an employee in reprisal for exercising their responsibility to report occupational health and safety issues. (OHS Act Section 36)

If your employer refuses to acknowledge your complaint, contact your AUPE Membership Services Officer immediately for follow up.

Provide copies of this form to your Membership Services Officer and Health & Safety Union Representative, Headquarters of AUPE.

MSO  Health & Safety Union Representative

**Alberta Union of Provincial Employees**

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