



# U.S. Department of the Interior

Indian Affairs

Division of Safety and Risk Management

## Employee Report of Unsafe or Unhealthful Working Condition



**Purpose:** Any employee or representative of employees, who believes that an unsafe or unhealthful working condition exists in any workplace where such employee is employed, shall have the right and is encouraged to make a report of the unsafe or unhealthful working condition to an appropriate agency safety and health official and request an inspection of such workplace for this purpose. The report shall be reduced to writing either by the individual submitting the report or, in the case of an oral notification, by the above official or other person designated to receive the reports in the workplace. Any such report shall set forth grounds for the report and shall contain the name of the employee or representative of employees. Upon the request of the individual making such report, no person shall disclose the name of the individual making the report or the names of individual employees referred to in the report, to anyone other than authorized representatives of the Secretary. In the case of imminent danger situations, employees shall make reports by the most expeditious means available.

<b>Date:</b>		<b>Agency / Office:</b>	
<b>Location Description (e.g. Bright Day School, Building 252, Suite 100, Northeast side of room):</b>			
<b>Name:</b>		<b>Title:</b>	
<b>Contact Information:</b>			
<b>Do you wish to remain anonymous:</b> Yes    No			
<b>Supervisor Name:</b>		<b>Title:</b>	
<b>Contact Information:</b>			
<b>Does this hazard immediately threaten life or the cause of serious bodily harm?</b> Yes    No			
<b>Describe the hazard. Provide detailed information, statements and photos, if available. Attach supporting documentation to this form:</b>			
<b>If known, provide standard(s) which you claim to have been violated:</b>			
<b>To your knowledge, has this violation been previously reported?</b> Yes    No    Unknown			
<b>If yes, to whom and when the violation was reported:</b>			
<b>FOR DSRM USE ONLY</b>			
<b>DSRM Comments:</b>			
<b>Name:</b>		<b>Title:</b>	<b>Date:</b>
<b>Reference Number:</b>			

Please email to [gabriel.draper@bia.gov](mailto:gabriel.draper@bia.gov) or [paul.holley@bia.gov](mailto:paul.holley@bia.gov). If you wish to remain anonymous, please fax to (505) 563-5363.