



Occupational Health and Safety CONCERN FORM

The purpose of this concern form is to report a potential or existing hazard which you believe presents a risk to the health or safety of individuals in your workplace. Please submit to your principal or supervisor. The procedure is outlined on the reverse side of this document.

Section 1 • to be completed by worker

Name of Worker:	Date submitted to principal/supervisor:	Bargaining Unit:
School/location:	Room/area of concern:	

Health and safety concern - Describe the concern, its background and possible suggestions for resolution:

Save a copy before submitting the form to your principal/supervisor

Section 2 • to be completed by principal/supervisor

Response from principal/supervisor—within 7 working days (holidays excepted) of receipt from worker

Identify the corrective action proposed or taken (*see reverse side for further instructions*)

Investigated: (check one) Yes No

Actions taken: None required Health & Safety Facilities

Other (specify) _____

Resolved: **Please initial:** Principal/supervisor: _____ Worker: _____



Internal Responsibility System (IRS)

