

Safety and Health Committee Complaint Form

Date: _____

Employee Name: _____

Department: _____

Address: _____

City

State

Zip

Phone: (W) _____ (H) _____ Fax: _____

Nature of Complaint (Please be specific): _____

Have you discussed your complaint with your supervisor? Yes () No ()

What efforts have been made to resolve or correct your complaint?

Have you filed a formal complaint with VOSHA or any other state or federal agency?

Yes () No ()

If yes, what agency? _____

Who was the contact person and phone number? _____

Do you wish to have your name revealed to your department or agency?

Yes () No ()

Please keep the original and send a copy to:

**Department of Personnel
Labor Relations Unit
110 State Street
Montpelier VT 05620-3001**

**Vermont State Employees Association
Attn: Danielle Warner
155 State Street
Montpelier VT 05602**

The Safety and Health Committee is mandated to:

1. Develop general guidelines and procedures for use in the Agencies/Departments.
2. Assessment of Agency/Department safety practices and programs, including any appropriate recommendations and development of plans for changes or improvements in safety working conditions as resources allow.
3. Reviews of complaints in the safety/health area, which are referred to the Committee.
4. Encourage and aid in the identification of safety and health issues and may provide recommendations to Agencies/Department s as necessary.

Committee only

Resolution of complaint:

Committee Member

Date