



Employee Safety Suggestion/Concern Form

This form is for use by employees who wish to provide a safety suggestion or report an unsafe work place condition or practice. This may be kept anonymous if you wish.

What is the name of the company you are currently working at or worked at?

What is the address of the company for which you would like to report an unsafe condition or make a safety suggestion?

Please describe the unsafe condition or practice:

Cause or contributing factor to unsafe condition:

Your suggestion for improving safety:

Have you reported this to a supervisor?

Your name:

Your contact information in case we have further questions:

Alliance Staffing Solutions thanks you for your participation and feedback. Once completed, please fax this form to: (216) 525-0500.

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