

## 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 Human Resources  
Labor Relations Unit  
110 State Street, Drawer 20  
Montpelier VT 05620-3001**

**Vermont State Employees Association  
VSEA Field Representative  
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