



Workplace Safety and Environmental Concern Reporting Form

Purpose: This form is intended for reporting safety concerns, hazards, or unsafe conditions in work environments, City facilities, or public spaces. It is not for reporting injuries—**please use the BWC Injury Reporting Form for work-related injuries**. The City is dedicated to providing a safe and healthy environment for both employees and the public. Your submission helps ensure that safety issues are promptly identified and addressed.

1. Reporter Information *(Optional if Anonymous)*

(Please provide your contact information, or leave blank if you prefer to remain anonymous.)

- **Full Name:** _____
- **Employee ID/Department (if applicable):** _____
- **Complete Address:** _____
- **Phone Number:** _____
- **Email Address:** _____

2. Type of Safety Concern

(Select one or more that apply to your safety concern.)

- Workplace Safety Hazard
- Public Facility Safety Hazard (e.g., parks, streets, playgrounds)
- Roadway or Traffic Safety Concern
- Environmental Hazard (e.g., hazardous materials, spills)
- General Safety Concern (please describe below)
- Other (please specify): _____

3. Location of Safety Concern

(Please provide the location where the safety concern was observed. Be as specific as possible.)

- **Address/Location Description:** _____

- **Specific Area or Room (if applicable):** _____
- **City Facility or Department (if applicable):** _____



4. Description of the Safety Concern

(Please describe the safety issue or hazard. Be detailed and specific about what you observed or experienced.)

5. Date and Time of Incident or Observation

- **Date of Incident:** _____
- **Time of Incident:** _____

6. Actions Taken (If Any)

(Have you taken any immediate actions to address the concern? If so, please describe.)

7. Potential Impact or Risk

(Please describe the potential impact of the hazard if left unaddressed. Include any risks to people, property, or the environment.)

8. Additional Comments or Suggestions

(Please provide any additional information that may help resolve the safety concern or suggestions to improve safety.)

9. Reporter Signature (Optional if not anonymous)

Print Name: _____ **Signature:** _____

Date: _____



Confidentiality Notice: All reports will be handled confidentially to the extent possible, and retaliation for filing a safety concern is strictly prohibited. Your report will be reviewed by the Safety Service Director and the appropriate City Department Head, and action will be taken as needed.

Important Reminder: If you are reporting a **work-related injury**, please use the **BWC Injury Reporting Form** located in all departments, including the Office of Human Resources.

Instructions for Submission:

- Submit completed forms to the **Safety Service Director** either in person or by regular mail at City Hall, 40 Public Square, Mount Vernon, OH 43050. Alternatively, forms may be emailed to mtvssd@mountvernonohio.org.
- If submitting anonymously, leave your contact information blank.
- The City will acknowledge receipt of your concern and take appropriate action. You may be contacted for further information if necessary.

City Contact Information for Safety Concerns:

- **Safety Service Office:** (740) 393-9520
- **Safety Service Director Email Address:** mtvssd@mountvernonohio.org
- **Emergency Safety Issues:** Call 9-1-1
- **BWC Injury Reporting (for work-related injuries):** hr@mountvernonohio.org