**Workplace Safety Complaint Form**

**Purpose:** This form allows employees to report unsafe conditions, hazards, or practices in the workplace to help maintain a safe and compliant working environment.

1. **Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name | Ahmed Raza | Job Title / Position | Machine Operator |
| Department | Production | Employee ID | 1452 |
| Contact Number | 0301-5678901 | Email | ahmed.raza@company.com |
| Supervisor Name | Mr. Bilal Khan |  |  |

1. **Incident / Hazard Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Incident / Observation | 12-Nov-2025 | Time | 10:45 AM |
| Location of Hazard | Assembly Line 2 |  |  |
| Type of Hazard | Check one: ☐ Physical Hazard ☐ Chemical Hazard ☐ Electrical Hazard ☐ Biological Hazard ☐ Safety Procedure Violation ☐ Other | | |
| Description of Hazard / Unsafe Condition | The conveyor belt safety guard is missing, exposing rotating parts and putting workers at risk of injury. | | |
| How Was the Hazard Identified? | Observed during morning production shift. | | |
|  | | |
| Equipment or Materials Involved | Conveyor Belt Model CB-20 | | |

1. **Risk Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| Level of Risk | ☐ Low ☐ Medium ☐ High | Potential Consequences | Worker could get hand or clothing caught in rotating parts causing severe injury. |
| Is the Hazard Ongoing? | ☐ Yes ☐ No |  |  |

1. **Actions Taken (if any)**

|  |  |  |  |
| --- | --- | --- | --- |
| Was the hazard reported to the supervisor? | ☐ Yes ☐ No |  |  |
| Immediate Action Taken | Stopped the machine and informed maintenance team. | | |
| Names of People Informed | Supervisor Bilal Khan, Maintenance Staff (Imran Ali) | | |

1. **Witness Information (if applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| Witness Name | Imran Ali | Contact Information | 0302-9988776 |
| Statement / Observation | Confirmed that the safety guard has been missing for 3 days. | | |

1. **Employee Recommendations**

|  |  |
| --- | --- |
| Suggested Corrective Action | Replace the missing safety guard immediately and inspect other machines for similar issues. |
| Additional Comments | Request for urgent action to avoid any serious accident. |

1. **Management / HR Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Received |  | Received By |  |
| Investigation Assigned To |  | Investigation Start Date |  |
| Investigation Findings |  | Corrective Actions Taken |  |
| Date Completed |  | Manager / Safety Officer Signature |  |

1. **Employee Signature**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Signature |  | Date |  |