



# CHARLES "CHUCK" W. LINDBERG ELECTRICAL TRAINING CENTER

Sponsored by Local 292, IBEW & Minneapolis Chapter of NECA

Minneapolis Electrical JATC

13100 Frankfort Parkway NE · St. Michael, MN 55376

P 763.497.0072 F 763.497.0076 [www.mplsjatc.org](http://www.mplsjatc.org)

*Training Excellence* since 1946 for the Minneapolis Electrical Joint Apprenticeship & Training Committee

## SAFETY COMPLAINT FORM

To improve workplace conditions with compliance of OSHA and NFPA 70E Standards, this form is to assist with addressing issues on the jobsite and share with the applicable parties of NECA, IBEW, JATC, and the Contractor who is responsible for the jobsite and who want to uphold a workplace that is free from recognized hazards that are causing or are likely to cause death or serious physical harm. This form will be shared with the NECA Executive Director, IBEW Business Manager, JATC Training Director, and the Contractor responsible.

Please print clearly and use additional pages if necessary.

### SECTION ONE: COMPLAINANT INFORMATION (OPTIONAL)

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### SECTION TWO: UNSAFE WORK PRACTICES OR NON-COMPLIANT SAFETY POLICY ACTIONS

Explain in detail the unsafe work practice or non-compliance safety policy complaint:

---

---

---

---

Describe what happened (use additional pages if necessary):

---

---

---

---

---

---

---

---

**SECTION THREE: WITNESS INFORMATION**

Do you know of any other witnesses?

Witness Name(s): \_\_\_\_\_

Witness' Contact information: \_\_\_\_\_

**SECTION FOUR: PROPOSED REMEDY**

At a minimum, OSHA Standards and Electrical Safety Program Policies will be followed. Please describe any requested remedies that may help ease your concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION FIVE: RESPONDENT INFORMATION**

Name(s) and title(s) of person(s) you are complaining about and who you believe have violated OSHA and Electrical Safety Work Policies and contributed to unsafe conduct on the jobsite:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contractor Responsible: \_\_\_\_\_

Jobsite where the incident occurred: \_\_\_\_\_

**CERTIFICATION (OPTIONAL)**

*I, \_\_\_\_\_, certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge.*

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date