WORKING UNDER PROTEST
NOTIFICATION OF UNSAFE WORKING CONDITION(S)

Date: ______________________  Supervisor: _______________________________________________________________________

Agency: ______________________  Division: _______________________________________________________________________

Work Site: ____________________________________________________________________________________________

I have notified the supervisor that an unsafe work condition exists. The Agency has failed to acknowledge my concerns.

Please be aware that while I will do all that I can to insure safe and proper care for clients, I fear my efforts and those of my coworkers will not be sufficient.

Therefore, I am informing the supervisor that I can not take responsibility for any errors or incidents that occur as a result of the unsafe conditions that the Agency has created. I have sent notice to the Human Resources Department. No remedy had been provided and I have notified Human Resources of responsibility for errors and incidents that may result.

Signatures: ____________________________________________________________________________________________

__________________________________________________________________________________________

Description of unsafe environment conditions: ____________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Supervisor comments: ____________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

PLEASE GIVE A COPY TO EACH OF THE FOLLOWING:  Supervisor ♦ Human Resources ♦ Union Delegates ♦ Union Organizer