

EMPLOYEE CONCERNS REPORTING FORM

DOE has established the DOE Employee Concerns Program to help identify concerns relating to DOE programs. Your assistance in informing us about such concerns is essential to the success of those programs. Please fill out this form as completely as possible, fold it, and drop it in the mail, or call the 24-hour Hot Line number below and be prepared to provide the same information as requested in this form. If you choose anonymity, please insert any three letters of the alphabet in the signature line. Record the letter's date and time for your reference. When you call in on the Hot Line, you will identify your concern with the letter's date and time and will be given a **digit code** that will identify your concern with the letter's date and time. In subsequent calls, always refer to the assigned digit code to identify the report.

NOTE: YOU ARE ENCOURAGED TO REPORT YOUR CONCERN IN ACCORDANCE WITH YOUR ORGANIZATION'S ESTABLISHED CONCERN REPORTING PROCEDURES.

YOUR REPORT SHOULD NOT CONTAIN CLASSIFIED INFORMATION.

PLEASE FILL IN APPROPRIATE SPACES AND CHECK ALL ITEMS BELOW WHICH APPLY TO YOUR CONCERN.

THIS CONCERN IS: Unique Recurring

NATURE OF CONCERN:

Violation

Hazard

Other (Specify): _____

CONCERN LOCATION: _____

WHAT DO YOU BELIEVE MAY BE THE CONSEQUENCE(S) IF YOUR CONCERN REMAINS UNSOLVED?

Loss of life or injury

Damage or loss of safety-related hardware

Damage or loss of safety-related facilities

Other (Specify): _____

WHERE ELSE HAVE YOU REPORTED YOUR CONCERN?

Immediate Supervisor

DOE

Nowhere

Other (Specify): _____

WHO IS YOUR EMPLOYER?

DOE

Contractor

Subcontractor

Other (Specify): _____

WHAT IS YOUR ROLE WITH REGARD TO THE AREA OF CONCERN?

Operations

Technical Support

Environment

Administrative Support

Management

Security

Quality Assurance

Safety

Other (Specify): _____

Health _____

I do not want my name involved or revealed

(Check one)

My name may be revealed

Signature

(Date/time)

Fold as indicated, fasten and mail. Thank you for your cooperation.

I do not want my name revealed to anyone other than the Employee Concerns Program Manager.

Signature

(Date/time)

Name _____

Address _____

Telephone No. _____

Include only if anonymity not desired

DESCRIBE YOUR CONCERN

Describe your concern as explicitly but concisely as possible. Discuss anything you think is important. Include what you believe really caused the problem, and what can be done to prevent a recurrence, or correct the situation. Provide or identify documents that will assist in the resolution of your concern. (Use additional sheets if necessary.)

MARK HERE IF YOU BELIEVE YOUR CONCERN MERITS IMMEDIATE REVIEW AND RESOLUTION.

PRIVACY ACT STATEMENT

The collection of this information is authorized pursuant to the Atomic Energy Act, as amended; the Energy Reorganization Act of 1974; the Department of Energy (DOE) Organization Act of 1977; the Whistleblower Protection Act of 1989; and the Department of Energy Contractor Employee Protection Program (10 CFR 708). The primary use of this information is by DOE in its investigation of complaints by DOE contractor employees, at government-owned, contractor-operated facilities, of any conditions or practices that they consider hazardous to their safety or health, or which they believe are in violation of DOE-prescribed Occupational Safety and Health Administration (OSHA) standards. Additional disclosures of the information may be: to other hazards and conditions; to appropriate Federal, State, or local agencies in the event the information indicates a violation or potential violation of law, and in the course of an administrative or judicial proceeding. Completion of this form is voluntary; however, failure to provide this information could result in the DOE's inability to complete the investigation of an alleged violation or condition. Identification is not required, however, failure to identify yourself will not allow DOE to provide you with information regarding your concern.

- IMPORTANT -

YOU HAVE AN OPTION FOR REPORTING OR CHECKING ON YOUR CONCERNS

376-1934 HOT LINE NUMBER

EMPLOYEE CONCERNS OFFICE A0-95