

# EMPLOYEE CONCERNS REPORTING FORM

U. S. DEPARTMENT OF ENERGY

OAK RIDGE OPERATIONS OFFICE

**EMPLOYEE CONCERNS REPORTING FORM**  
**HOTLINE NUMBER: 1-865-241-ECMS (1-865-241-3267)**  
**or 1-800-ORO-ECMS (1-800-676-3267)**

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**USE THIS FORM TO REPORT SAFETY, HEALTH, AND ENVIRONMENTAL CONCERNS**  
**MAIL FORM TO: US DOE, M-5, FEDERAL BUILDING, PO BOX 2001, OAK RIDGE, TN 37831**  
**OR FAX FORM TO: 865-574-1939**

DOE has established the Employee Concerns Management System (ECMS) for DOE Federal and contractor employees to help identify and resolve nuclear & nonnuclear safety, health, and environmental concerns relating to DOE programs. Your assistance in notifying us about such concerns is essential to the success of these programs. However, to give your employer an opportunity to respond to your concern, you should first report it to your supervisor. Contractor employees are also requested to first use your own organization's established Employee Concern or Complaint Reporting Procedure; if no resolution can be made, if you fear reprisal, or if you want to request confidentiality, you may use the DOE ECMS.

Please fill out this form as completely as possible and mail it to the address shown above, or call the 24-hour Hotline number. If you call, please be prepared to provide the same information as requested on this form. Your name will be kept confidential if you request. If you choose to remain ANONYMOUS, please insert any 3 letters of the alphabet below the signature line, so you can check its status later, and record the date and the 3 letters separately for your reference. After reporting a concern, you may check on its status by calling the ORO Employee Concerns Coordinator during normal working hours at 865-576-4988. Your report must not contain any classified information. Thank you for your cooperation.

Please fill in appropriate spaces and check ALL items below which apply to your concern.

**THIS CONCERN IS:**  Immediate  Recurring  Unique

**DOES THE CONDITION IMMEDIATELY THREATEN DEATH OR SERIOUS HARM?**  Yes  No

**NATURE OF CONCERN:** (Check all that apply)

Violation  Willful  Price-Anderson Violation  Industrial Safety Hazard  Health Hazard  
 Environmental Concern  Nuclear or Radiation Concern  Construction  Other (specify:) \_\_\_\_\_

**EXACT LOCATION OF CONCERN:** \_\_\_\_\_

**SUPERVISOR IN CHARGE OF WORK:** \_\_\_\_\_ **SUPERVISOR'S PHONE NO.** \_\_\_\_\_

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

Loss of life or injury  Personnel Health Hazard  Damage or loss of facilities or equipment  
 Damage to the Environment  Other (specify:) \_\_\_\_\_

**WHERE ELSE AND WHEN HAVE YOU PREVIOUSLY REPORTED THIS CONCERN?**

Immediate Supervisor  Union/Mgt. Grievance  DOE  IG  Nowhere  Other (specify) \_\_\_\_\_ When? \_\_\_\_\_  
(mo./day/yr.)

**WHAT EFFORTS WERE MADE TO CORRECT IT?**

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

**WHO IS YOUR EMPLOYER?** (Name of company)

DOE Contractor (specify:) \_\_\_\_\_  Other (specify:) \_\_\_\_\_  
If this is your former employer, check here

**IF YOU ARE A REPRESENTATIVE OF EMPLOYEES, GIVE YOUR POSITION AND THE NAME AND ADDRESS OF YOUR ORGANIZATION:** \_\_\_\_\_

**CONFIDENTIALITY REQUEST/RELEASE:** (Check one)

I DO NOT WANT MY NAME DISCLOSED  I DO WANT MY NAME DISCLOSED

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(include your name only if anonymity is NOT desired)

