U. S. DEPARTMENT OF ENERGY
Employee Concerns Reporting Form

If you have a concern to report, please complete this form and mail it to the appropriate address. You may also report your concern verbally to the site representative.
NOTE: You are encouraged to attempt resolution of your concern or problem initially with your supervisor and/or in accordance with your employer's established Concerns Program reporting procedures.

This Report Must Not Contain any Classified Information.

In order for the Employee Concerns Program (ECP) Representative to thoroughly investigate your concern, you are asked to complete as much of the following information as you can, including your name and work location. However, your anonymity will be protected if you so indicate.

1. Does your concern involve an immediate danger to employees, the environment, or the public? __ Yes __ No __ Unknown

2. Nature of Concern: __ Violation __ Hazard __ Other
(Specify): _____
_____
_____
(attach additional sheets if necessary)

3. What do you believe may be the consequence(s) if your concern remains unaddressed?
__ Loss of life or injury __ Damage or loss to environment
__ Damage or loss of safety-related facilities __ Other: _____

4. Who is your Employer? __ DOE __ Contractor __ Subcontractor __ Other (Specify): _____

5. Have you reported your concern to any other source? __ Yes __ No (If Yes, to whom) _____

6. Identify any individuals (name and phone) you believe should be contacted regarding your concern (e.g. to provide additional information): _____

7. Do you want your name kept confidential? __ Yes __ No

Name _____ Date _____

Mail to: DOE Employee Concerns Program at the Respective Site or Call:

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