





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

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**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. (Attach additional sheets if required.)

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If you are not satisfied with the response you receive after completion of this investigation, you may request further review by the Executive Director.

Signature: \_\_\_\_\_ Date/Time \_\_\_\_\_

*Please make every effort to maintain my confidentiality.*

Sanford Lab Telephone: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

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**Official Use**

EHS Contact: \_\_\_\_\_

Date: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

Inspector: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

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Completion Date: \_\_\_\_\_

Response Date: \_\_\_\_\_