



Safety/Compliance Reporting Form

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on your device

1. Reporter Type & Contact

- Reporter: ☐ County Employee ☐ Citizen / Member of Public ☐ Contract Worker
- Name: _____
- Job Title/Department (if employee): _____
- Email: _____

2. Nature of the Safety/Compliance Concern

Select the category that best describes your concern:

- ☐ Safety/Hazard: Physical dangers, road hazards, or facility repairs.
- ☐ Personnel/Service: Professionalism, service delays, or employee conduct.
- ☐ Work Practice (e.g., unsafe work practices, lack of proper signage/PPE)
- ☐ Public Safety/Security (e.g., lack of security presence, threatening behavior)
- ☐ Operational: Noise complaints, zoning violations, or animal control.
- ☐ Other: _____

3. Incident/Condition Details

- Date of Occurrence: _____ Time: _____
- Specific Location: _____
(e.g., Department name, room number, or specific address/intersection)
- Individuals Involved: _____

(Provide names, or physical descriptions/vehicle unit numbers if known)

***If the reporter is making a claim for an injury or damage to property, they must file a Notice of Claim in accordance with state statute, as this form will not meet those requirements.)*

4. Narrative Description

Please provide a clear and concise description of the incident, concern, or hazard. Include what happened, how it occurred, and any impact it had.

5. Supporting Documentation & Witnesses

- Witnesses: List names and contact info for anyone who saw or has knowledge of this.

- Evidence: ☐ Photos ☐ Videos ☐ Emails ☐ Receipts ☐ Other
(Please attach copies to this form)

6. Certification & Signature

I certify that the information contained in this report is true and correct to the best of my knowledge.

● Signature: _____ Date: _____

*****Disclaimer - The purpose of this form is to bring a safety concern or other concern to the attention of the county Risk Management committee, and will not be considered a formal complaint or notice of a claim against the county.***