

Report of a complaint about unsafe work activities

Part A

About you

1. Your status:

Employee	Member of the public
Safety Representative	Self Employed
Trade Union	SOM/Product Safety
Other	

2. Do you want to make an anonymous complaint?

No Yes

**We cannot send you a copy of your complaint,
but will provide you with a Reference Number
should you wish to check progress**

3. Do you wish your name to remain in confidence?

No Yes

**HSENI will not disclose your name to the occupier,
but may have to say that a complaint has been
received in which case the occupier may be in a
position to identify the source.**

4. What is your Title / First Name / Surname?

Property

Street

Locality

Town

County

Postcode

Telephone

E-mail

If you fail to provide a valid e-mail address then we will be
unable to acknowledge receipt of your complaint

Part B

Premises details

1. Company name:

2. Nature of Business:

3. Address Details:

Property

Street

Locality

Town

County

Postcode

Part C

1. Has the matter been raised with the company/person responsible?

No Yes Don't know

2. Is there work currently in progress?

No Yes Don't know

To assist HSENI with your case, please provide as much detail as possible below, including how long the complaint has been going on and the approximate days / time when persons are on site:

3. Details:

Your signature.

Signature

Date

(Please use format: dd/mm/yyyy)

Please send this form to the Enforcing Authority for the place where it happened. If you do not know the Enforcing Authority, send it to:
Health and Safety Executive for Northern Ireland (HSENI)
83 Ladas Drive, Belfast. BT6 9FR
Or fax it to: 028 9023 5383 Or E-mail: online@hse ni.gov.uk