

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

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 and no nuclear safety, health, environmental and other 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 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? Ves INO

NATURE OF CONCERN: (Check all that apply)

ES&H Security Fraud, Waste and Abuse Mismanagement of DOE-OR Contractor Operations Reprisal for Raising a Concern or Making a Disclosure 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 □ Breach of Security □ Unsafe work Environment □ Other (specify :)

WHERE ELSE AND WHEN HAVE YOU PREVIOUSLY REPORTED THIS CONCERN?

□ Immediate Supervisor	Union/Mgt. Grievance	DOE IG	□ Nowhere	□ Other (specify)	When?

WHO IS YOUR EMPLOYER? (Name of company) _____

DOE Contractor (specify :) _________ If this is your former employer, check here

_____ other (specify :) _____

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

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

<u>NOTE</u>: EMPLOYEES USING THIS FORM TO FILE COMPLAINTS OF RETALIATION UNDER 10 CFR 708 SHOULD KNOW THAT, THEIR IDENTITY WILL BE REVEALED TO THEIR EMPLOYER. REGULATIONS GOVERNING OR PROCESSING COMPLAINTS OF RETALIATION UNDER 10 CFR 708 REQUIRES THAT A COPY OF THE COMPLAINT IS PROVIDED TO THE CONTRACTOR AND IT BECOMES A PUBLIC DOCUMENT. (SEE 10 CFR 708.11)

SIGNATURE:	DATE:		
SIGNATURE:	esired)		
OUR 3 LETTER CODE (Include if you wish to remain anonymous; enter any 3 letters to identify yourself and keep a separate note of them			
yourself; see instructions on reverse)			
YOUR NAME (Please print):	YOUR JOB TITLE:		
(Include your name only if anonymity is NOT d	esired)		
YOUR DIVISION, DEPT. OR WOI	RK GROUP:		
YOUR WORK MAILING ADDRES	SS:		
CITY, STATE, ZIP:			
YOUR TELEPHONE NUMBER	(work):		
BEST DAYS AND TIMES TO CAL	L:		
I	DESCRIBE YOUR CONCERN HERE		

Describe your concern as fully and explicitly as possible. Answer any of the following questions you think are important. What is the unsafe or unhealthful condition or practice and how often does it occur? What kind of work is being performed there? Have injuries, illnesses, property damage accidents, exposures, incidents, near-misses, or non-permitted environmental (air, water, waste) releases occurred (what, when, and how often)? How many people are exposed to the condition and how often? How close do people work to the hazard? Include what you believe really caused the problem, and what actions can be taken to both correct it and prevent a recurrence. Is personal protective safety equipment available and used when needed? Is the condition a violation of a DOE, OSHA, EPA, State, contractor, or other requirement (Be specific)? What is your role with regard to the area of concern? What other people may be contacted regarding your concern? Are other serious hazards present? (Attach additional sheets to form if necessary.)