EH&S Service/Investigation/Complaint Form

Date ____________________

Your Name (Print) ____________________ Department ____________________

Location/Building ____________________ Room ___________ Phone ___________

In order to receive assistance from Environmental Health and Safety, **all requests must be in writing**. Your supervisor must sign this form. **If forms are not submitted and signed, the work will NOT be conducted.** Use additional pages if necessary. If this involves an accident, illness, or property damage, please use the Incident Report Form. If you are requesting information, please use the Request for Information Form. Supervisors will receive copies of any reports, letters, or emails generated for this work. Before work is released, it is subject to management review. Ergonomics recommendations will also be sent to Business Services. Employees and the Union will have access to university-held information in accordance with RCW 42.17 and University Policy.

<table>
<thead>
<tr>
<th>Service Requested</th>
<th>Cause for Request/Complaint</th>
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<tbody>
<tr>
<td>Please describe what type of services request: Ergonomic, Indoor Air Quality, etc.</td>
<td>Please describe issue</td>
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</table>

Requestor Signature ____________________

Supervisor Name (Print) ____________________ Supervisor Signature ____________________

*Mail form to EH&S, 101 HUS, or fax to x4690*